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Organization and Administration
of Pupil Personnel
Service Programs
in Selected School Systems

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Foreword

DURING THE PAST HALF CENTURY, the tremendous growth in school attendance has called attention to the constantly expanding range and diversity of pupils' needs and abilities. As a result, there has been a corresponding expansion in activities and services provided by local school systems to foster the optimum growth and development of individual pupils.

Guidance counselors, school psychologists and psychometrists, social workers, physicians, nurses, dentists, dental hygienists, and other specialists have been added to school staffs to assist administrators and teachers to diagnose the intellectual and emotional difficulties of pupils and to promote their physical well-being.

In recent years, administrative problems stemming from the expansion of these supporting and supplementary services have greatly increased. School administrators have expressed the desire for some profiles of pupil personnel services that will shed light on methods of organizing and administering these programs.

This bulletin, by presenting case studies of pupil personnel service programs which exist in eight urban school districts, represents an attempt to meet this need.

The study could not have been made without the co-operation of local school personnel in the districts visited by the investigator. To all those who assisted in providing the information and data on which this study is based, the Office of Education expresses appreciation.

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Preface

RECENT YEARS have brought an upsurge of interest and concern among school administrators and others regarding the administrative and specialized services that are necessary for providing sound educational programs and maintaining school system efficiency. In response to that growing interest and concern, the Office of Education and the American Association of School Administrators co-sponsored a conference for purposes of identifying more precisely and assessing the nature of the most pressing problems in this highly complex aspect of local school system organization and administration. Participating in the conference, which was held in Washington in June 1959, were superintendents of urban, suburban, and county-unit school systems ranging in size from 6,000 to 75,000 pupils and representing all major geographic regions of the Nation.

Prominent among the problem areas emphasized by these school superintendents was the organization and administration of special services for meeting pupil adjustment and health needs, with due consideration given to variations in school and community conditions. Realizing that this highly complex problem area was not subject to ready-made solutions, the group stressed the potential usefulness of a limited number of carefully selected case studies. This expressed need prompted the Office of Education to give careful consideration toward undertaking the study which Dr. Fusco has made.

In the planning and development of the research design for the study, the AASA staff provided valuable assistance. The advice and counsel of Dr. Finis E. Engleman, Executive Secretary, and Dr. Shirley Cooper, Associate Secretary, were particularly helpful.

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CHAPTER I

Introduction

THE HALLMARK of American democracy is belief in the infinite value and worth of the individual person. Commitment to this belief is reflected in the American educational system which strives to promote the maximum development of the potentialities of every pupil.

It is generally recognized that the major responsibility of the schools lies in assisting materially in the intellectual development of each pupil. However, the ideal of equal educational opportunity cannot be attained unless specialized services are provided for children and youth who encounter difficulty in participating constructively in the school program.

The provision of an effective pupil personnel service program for the purpose of promoting individual pupil adjustment and well-being is looming as a major administrative problem. Local school administrators are faced with a dearth of information on the organizational patterns and administrative practices existing in these rapidly expanding services. It was in view of this gap in our knowledge and understanding of the current status of these programs that this study was undertaken.

TERMINOLOGY

The term that is emerging in the professional literature as descriptive of a group of specialized services provided to individuals is pupil personnel services. As used in the current investigation, this term will encompass the following services—attendance, guidance, health, psychological, and social work.

It is becoming increasingly accepted that special education programs provided for atypical or exceptional children—the physically handicapped, emotionally disturbed, and mentally retarded—children whose needs tend to differentiate them from the larger group of pupils in attendance at the public schools, should be classified as instructional rather than pupil personnel services.¹

¹ *Responsibilities of State Departments of Education for Pupil Personnel Services. A Policy Statement.* Council of Chief State School Officers, Washington, D.C., 1960. p. 2.
The Common Core of Educational Information. U.S. Department of Health, Education, and Welfare, Office of Education, 1962.

In accordance with the purpose of this investigation, the operation of special education programs in the school systems under study were not explored, nor were staff personnel responsible for providing those services interviewed.

For purposes of style, the term "specialist" is used in the text interchangeably with "pupil personnel worker" and refers specifically to the school staff personnel who were interviewed in the eight school systems under study.

PROCEDURES

The eight school systems under investigation were selected on the basis of size, ranging from 7,000 to 15,000 pupil enrollment, and the existence of a well-developed program of pupil personnel services. Each of these unified school districts provided education for pupils from kindergarten through at least grade 12. These systems had a single executive head and, with one exception, were fiscally independent.

A list of questions designed to elicit information from the school superintendent regarding the organization and administration of the pupil personnel service program was prepared. Another set of questions was developed for the director or coordinator of the pupil personnel program. In addition, a series of questions was prepared for the pupil personnel workers who perform the services, that is, school attendance workers, guidance counselors, school psychologists, school social workers, school nurses, and the like. The interview guides made it possible to relate and interpret the answers contributed by staff personnel occupying similar positions in the individual school systems. The items in the guides were supplemented by questions which developed during the course of the individual interviews.

During the school year 1959-60, the investigator spent 2 to 3 days in each of the school systems and held personal interviews, lasting approximately 1 hour, with administrative staff and pupil personnel workers. Interviews were conducted with those specialists in each discipline best qualified to describe the nature and scope of the pupil personnel service program, with emphasis on its organizational structure and operational procedures.

In addition to the information gathered through interviews, printed and mimeographed materials were secured if they helped to answer the questions included in the interview guide. Such items as handbooks, orientation guides, annual reports, referral sheets, and pupil personnel record forms were procured during the visits to the schools.

ORGANIZATION

The remainder of this investigation is organized into four chapters. Chapter II describes the school systems in their community setting. Chapter III sets forth the administrative organization of the pupil personnel service programs, the job assignments, duties and responsibilities of the pupil personnel workers, and specialist-pupil ratios and caseloads. In chapter IV, administrative practices relating to referral procedures, screening and assignment of cases, and use of nonschool resources are described. The role of administrative leadership in the development and growth of pupil personnel services is discussed in chapter V.

CHAPTER II

School and Community

THE PROVISION of a broad range of services concerned with the adjustment and well-being of individual pupils requires cooperative relationships between school and community personnel. Such cooperative efforts materially increase the effectiveness of pupil personnel workers in providing adjustment services for pupils in need of them.

In this chapter, the eight school systems in their community setting are described. In addition, the web of relationships existing between pupil personnel workers on the school staff and professional persons in the community whose services are a significant and cooperating part of the school's effort to help the individual pupil make full use of his educational opportunities are delineated. All of the data and information pertain to the school year, 1959-60.

Examination of the following capsule descriptions reveals that channels for the exchange of data, opinions, and recommendations between pupil personnel workers and specialists in the community are a major part of a well-developed pupil personnel program. The needs of pupils with physical, emotional, or mental maladjustment were partially met not only by this type of cooperative counseling, but also through referrals made by pupil personnel workers to community mental health clinics, children's hospitals, psychological or medical divisions of universities, public health centers, and relief agencies.

The following school-community descriptions also reveal that school systems located in a metropolitan area are in a peculiarly advantageous position to maximize their services to individual children because of their proximity to a broad configuration of professional resources in the central city which provide them with psychological, psychiatric, and social work services.

SCHOOL DISTRICT OF ABINGTON, PA., TOWNSHIP

Enrollment K-12	9,675
Population served by school district	55,872
Grade organization	K-6-3-3
Per pupil expenditures—ADA	\$503.81
Square miles in school district	15

Abington, organized as a township of the first class under State law, is a suburb of Philadelphia. From 1950 to 1955, the population of this residential community increased from 28,988 to 40,500. From 1955 to 1960, the township grew at a rate of four to five thousand persons each year. During that 10-year period school enrollment doubled.

A mental health clinic located in nearby Norristown and a child guidance center in Lansdale are supported by State and county funds. The clinic in Lansdale is used frequently by school personnel for referral of children who have severe emotional problems. Two years ago, the mental health clinic at the Abington Memorial Hospital extended its services to children. Following this change in policy, the caseload of the clinic tripled in volume.

In Abington, a psychiatrist in private practice serves as a consultant to the school pupil personnel workers. He is considered a member of the medical department of the school and works closely with the school physician.

The school attendance officer is a member of a community council which includes specialists on the staff of various community agencies and professional persons in private practice. He is currently working with council members to explore ways and means that school and community resources may be employed to provide help and supervision to pupils manifesting behavioral disorders which may lead them into serious difficulties.

ANN ARBOR, MICH., PUBLIC SCHOOLS

Enrollment K-12	12,060
Population served by school district	76,000
Grade organization	K-6-3-3
Per pupil expenditures—ADA	\$423.75
Square miles in school district	86

Ann Arbor is a residential community suburban to Detroit. The major community ties of the residents are with the University

of Michigan located within the city limits. The Ann Arbor school district line has been extended during the past 5 years as the district has taken in rural elementary schools located beyond the city boundary. As a result, the school district contains about 5 times as much territory outside as within the city.

The student population has grown steadily in the past decade. Student enrollment increased from 4,789 in 1950 to 6,915 in 1955, and doubled in size during the succeeding 5-year period. To meet the increased enrollment, 8 new school buildings and 7 additions have been constructed since 1955.

Located near Ann Arbor is the Huron Valley Child Guidance Clinic, the regional service center of the State Department of Mental Health. The clinic staff works with school children suffering from serious emotional or behavioral disorders which are interfering with their academic progress and social relations. The director of the clinic supervises the activities of two social workers, a psychologist, and two part-time social workers. The services of a psychiatrist who maintains a private practice are also employed by the clinic.

In the community, a medical-dental advisory committee provides professional advice to pupil personnel workers, school officials, and the board of education about medical and health policy and practices in the school. In addition, the county health doctor serves as a volunteer medical advisor to the school, and his chief of nurses provides voluntary supervision to the school nursing staff.

In Ann Arbor, the Children's Psychiatric Hospital, a unit of the Department of Psychiatry of the University of Michigan Medical Center, operates both inpatient and outpatient services. The purpose of the hospital is to provide diagnostic services and psychiatric treatment for emotionally disturbed and mentally retarded children up to the age of 14 years. The staff of the hospital includes psychiatrists, psychologists, psychiatric social workers, and psychiatric nurses, as well as teachers and remedial reading therapists. In the hospital there is also an institute of neuropsychiatry staffed with specialists who provide medical and psychiatric treatment to children. A psychiatrist from the hospital is employed by the school board to serve as a consultant to the pupil personnel staff.

At the University of Michigan, the staff of the bureau of psychological services in the psychological clinic provides specialized diagnosis. A complete battery of tests for children and youth is available, including psychological, achievement, motor co-

ordination, social maturity, hearing, and vision tests. These tests are administered and interpreted by a clinical psychologist. In addition, psychological consultation for youngsters with emotional problems is available at the clinic.

ELGIN, ILL., PUBLIC SCHOOLS

Enrollment K-12	11,736
Population served by school district	60,000
Grade organization	K-6-3-3
Per pupil expenditures—ADA	\$376.78
Square miles in school district	86

Elgin, a commercial city with several light industries, is located about 40 miles from Chicago. The city is growing rapidly; in recent years the population has increased by 3 to 4 percent annually. This growth is due to immigration of skilled and semi-skilled labor; there has been a subsequent exodus of city residents to the suburbs.

In the past 5 years, the population in that part of the school district which lies outside of the city has doubled—from 5,500 in 1955 to over 10,000 in 1960. Total school enrollment doubled from 1950 to 1960, with the greatest growth occurring in the latter 5-year period.

School personnel refer pupils with severe social-emotional disturbances to a county mental health clinic. The staff of the clinic is headed by a psychiatric social worker who also serves as its executive director. In addition, three psychiatrists in private practice contribute a total of some 40 hours each week to the clinic. The senior psychiatrist supervises the diagnostic and therapy services provided by the clinic staff.

A regional State welfare agency, the Institute for Juvenile Research, accepts a limited number of referrals from school personnel. Services include complete psychological, psychiatric, and neurological evaluation. Diagnostic service is provided by institute personnel for cases of social-emotional maladjustment and severe learning problems.

The pupil personnel specialists in Elgin use the resources of three universities located in the immediate vicinity of the school system. Referrals are made to the language clinic of Northwestern University for complete evaluations of severe organic disorders including speech, hearing, reading, and coordination. Specialists at the University of Chicago provide diagnosis and consultation in cases of brain injury. The Division of Services for Crippled Children at the University of Illinois offers medical,

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audiometric, and speech diagnosis for pupils referred by school specialists. This division also provides periodic local clinics for the benefit of Elgin pupils.

ITHACA, N. Y., CITY SCHOOL DISTRICT

Enrollment K-12	7,478
Population served by school district	42,000
Grade organization	K-6-3-3
Per pupil expenditures—ADA	\$639.25
Square miles in school district	160

Ithaca, the home of Cornell University, is a residential community located in upstate New York. In 1950 the population of the city was 20,000 and remained relatively stable for the following 5-year period. In 1956, the city school district was consolidated with 42 common and union free school districts in a contiguous area within the county. The city of Ithaca at the center of the county lies from 4 to 16 miles from the various extremities of the district boundary.

The student enrollment of 4,271 in 1950 increased to 6,100 following consolidation in 1956, and by 1960 it had risen to 7,478. The fact that many elementary and secondary school students in the area outside the city had been attending the schools under a tuition-contract arrangement prior to consolidation accounts for the relatively small increase in enrollment following enlargement of the school district.

In Ithaca, the community social planning council was established to promote communication among members of the various community agencies. Committee members include personnel from the community welfare agencies, the probation office, youth bureau, and mental health clinic. School staff personnel on the council include the vice-principal in charge of guidance at the high school, the director of elementary guidance, and the educational psychologist. An attempt is made at these meetings to prognosticate serious delinquent behavior through cooperative consideration of the behavior of pupils who manifest poor adjustment to the school. Courses of action are determined and those persons best equipped to work with the student assume the assignment.

A full-time school physician works closely with the county medical society which advises him concerning school health problems. In addition, school nurses are given assistance by public health nurses and a county dental health society advises the school dental advisor on matters pertaining to the dental health of school children.

In Ithaca, the Tompkins County Mental Health Clinic is headed by a psychiatrist who supervises the work of social caseworkers and a psychologist. It is used by school specialists to refer pupils in need of emotional adjustment. The clinic is a division of the local health department and receives 40 percent of its operating funds from the State Department of Health. It is also supported by school tax money and by voluntary contributions.

**INDEPENDENT SCHOOL DISTRICT NO. 281
ROBBINSDALE, MINN.**

Enrollment K-12	14,710
Population served by school district	63,000
Grade organization	K-6-3-3
Per pupil expenditures—ADA	\$283.38
Square miles in school district	30

Independent School District No. 281 in Robbinsdale is a residential area situated adjacent to the Northwest boundary of the city of Minneapolis. The school district is comprised of three villages, including Robbinsdale, and parts of four other villages. The district has undergone dramatic population growth in the past decade; from 14,500 in 1950 the population leaped to 35,000 5 years later and by 1960, this figure had increased to 63,000. There is vast potential in the school district for continued building due to availability of land for housing developments.

Pupil enrollment for 1960 approximately equaled the size of the entire population 10 years earlier. School officials have projected a K-12 enrollment of 23,680 for 1965.

Robbinsdale has no community resources to which school specialists may refer pupils in need of intensive, long-range treatment. A privately supported child study clinic located in Minneapolis is heavily used. School psychologists and school social workers refer emotionally disturbed pupils to the clinic, the staff of which consists of a psychiatric team.

WARREN, OHIO, CITY SCHOOL DISTRICT

Enrollment K-12	12,000
Population served by school district	64,000
Grade organization	K-6-3-3
Per pupil expenditures—ADA	\$457.80
Square miles in school district	11

Warren, an industrial community whose chief industries are steel and steel fabrication, is located midway between Cleveland and Pittsburgh. In 1950, Warren had a population of 49,856

which increased to 58,481 in 1955 and gradually rose to 59,269 10 years later. Pupil enrollment progressively increased during that 10-year period; from 8,000 in 1950 to 12,000 in 1960.

School staff specialists refer pupils with severe emotional problems to the county guidance center. The staff of the center, consisting of a psychiatrist, a clinical psychologist, and three social workers, provides services to persons ages 1 through 18. The center, which receives about two-thirds of its funds from the State and the remainder from United Appeal, accepts voluntary contributions for its support and maintenance.

The following community resources provide varying degrees of service to the school child and his family upon referral: Board of Child Welfare, Catholic Social Service, Department of Public Welfare, County Guidance Center, Family Service Association, Juvenile Court, Labor Union Welfare, Trumbull Memorial Hospital; and clergymen, physicians, and probation officers.

The school social worker represents the interests of the school as a member of the community council which consists of representatives from various community agencies.

WESTFIELD, N. J., PUBLIC SCHOOLS

Enrollment K-12	7,491
Population served by school district	31,000
Grade organization	K-6-3-3
Per pupil expenditures—ADA	\$695.10
Square miles in school district	6

Westfield, a residential suburban community located in the New York metropolitan complex, is composed primarily of business, professional, and semiprofessional people. During the 1950's the population increased by 10,000 persons and school enrollment doubled. From 1955 to 1960, four new school buildings were constructed to meet school housing needs resulting from expanded enrollments.

Pupil personnel workers make referrals to a county psychiatric clinic located in Plainfield, the nearby Menlo Park Diagnostic Service which is supported by State funds and to the Neuro-psychiatric Clinic at Princeton University. Pupils with minor emotional or social problems are referred by school personnel to a local youth consultation service which is sponsored and supported by churches in the community. Referrals are also made to the Family and Children's Service located in a nearby community.

In 1953, a juvenile conference committee was established in

Westfield by a ruling of the supreme court of New Jersey which required the establishment of such committees in each municipality. Committee members, who serve indefinite terms without remuneration, are appointed by the county judge of the juvenile and domestic relations court on recommendation of the city mayor.

Juveniles under the age of 18 who have committed minor offenses are referred to the juvenile conference committee after the juvenile court reviews the case to determine whether it is appropriate for the committee to hear. Committee members conduct a special investigation of each case, attempt to determine the factors which caused the difficulty, and set up an individualized program to help the youngster. The committee, whose proceedings and hearing are confidential, has no compulsory powers; it refers cases back to the court if it cannot achieve a satisfactory adjustment through voluntary cooperative procedures. The school social worker and the school psychologists maintain close working relations with the committee.

WEST HARTFORD, CONN., PUBLIC SCHOOLS

Enrollment K-12	11,928
Population served by school district	62,500
Grade organization	K-6-3-3
Per pupil expenditures—ADA	\$514.48
Square miles in school district	24

West Hartford is a residential suburban community located in the Hartford metropolitan area. From 1950 to 1960 its population increased by 18,000 persons. During this decade school enrollment doubled, and in the latter 5-year period, 5 new school buildings were constructed.

West Hartford has no community agencies or resources to which school specialists may refer children and youth with severe social-emotional maladjustments. However, school staff specialists refer pupils in need of such specialized attention to community agencies located in the greater Hartford area.

In West Hartford, a 15-member school health council with representation from school and community meets once a month and serves in an advisory capacity on health problems affecting pupils. Members of the council include the town medical officer, school medical advisor, classroom teachers, school nurses, and representatives from PTA Councils. A Medical Advisory Board which includes physicians in the community and school nurses is coordinated by the school medical advisor. The board

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meets at his request in the event that a medical problem requires a review of school policy. In addition, a dental society consisting of dentists in the community advises school staff personnel on dental problems affecting pupils. The society communicates with the school dental hygienists through the school medical advisor.

The Hartley-Salmon Clinic in Hartford is a child guidance agency supported by the Community Chest. The staff of the clinic includes four full-time social workers whose professional activities are coordinated by a child psychiatrist who is the medical director of the clinic. He carries a small caseload and also supervises the work of a psychiatrist who works in the clinic on a part-time basis.

Since 1955, a psychiatrist in private practice has served as a consultant to the pupil personnel workers. He is reimbursed from school funds on an hourly basis and concentrates his efforts at the elementary school level.

CHAPTER III

Organization of Pupil Personnel Services

THE ORGANIZATION of human resources, whether for the production of goods or provision of services, is a means to effect certain ends. If the purposes of the pupil personnel service program in a school system are to be realized, careful thought and attention must be devoted to determining the number, type, job assignment, duties, and responsibilities of staff specialists.

In order that the processes of administration may operate, it is necessary to have some kind of structure. Organization structure may be regarded basically as a framework or scheme for the assignment of personnel and other resources, and for the allocation of duties and responsibilities. It also provides channels for communication, coordination, and control, and machinery for evaluation.¹

PATTERNS OF ORGANIZATION

How many and what types of pupil personnel workers were employed in the eight school systems during the school year, 1959-60? What was the nature of their working relationships with each other and with classroom teachers and school administrators? What were their duties and responsibilities? What were the specialist-pupil ratios in the individual school systems, and how large a caseload did the specialists carry? The answers to these and related questions respecting the organization of pupil personnel services in the eight school systems are examined in this chapter.

NUMBER AND TYPES OF SPECIALISTS

The following table lists the individual pupil personnel specialists by title for each service area in the eight school systems under study. The school organization or grade level to which the specialist is assigned is indicated and those personnel who function in a service area less than full time, such as guidance counselors who also teach classes, are identified with the symbol

¹ American Association of School Administrators. *Staff Relations in School Administration*. Washington, D.C., National Education Association, 1955. p. 22.

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Number and types of pupil personnel workers, by title and assignments in eight school districts, 1959-60
 (ab=senior high school; jb=junior high school; pt=part time)

Enrollment, by grade organization and school district	Director of program	Pupil personnel service					
		Attendance	Guidance	Health	Psychological	Social Work	
ABINGTON, PA. K-12.....9,678 K-6.....5,679 7-9.....2,167 10-12.....1,929	1 Director of Child Accounting and Home and School Visitor	1 Director of Guidance (ab)	1 Director of Guidance Counselors 10½ Guidance Counselors 6 (ab) 6½ (jb)	1 Director of Guidance and Curriculum and Guidance (ab) 9 School Nurses	1 Director of Nursing Service 4 (K-6) 2 (K-9) 1 (7-9) 2 (10-12) 1 School Physiologist PT 1 Psychiatrist Consultant PT 1 Orthopedic Consultant PT 1 School Dentist PT 2 Dental Hygienists	2 Psychologists 1 (a) 1 (See)	
ANN ARBOR, MICH. K-12.....12,000 K-6.....7,478 7-9.....2,664 10-12.....2,018	Assistant Superintendent for Instruction	1 Attendance Officer and Juvenile Court Representative	1 College Consultant 1 Vocational Consultant PT (ab) 6 Class Advisors PT (ab) 6 Class Advisors PT (jb)	4 School Nurses 1 (K-6; 10-12) 1 (K-6) 2 (K-9)	2 Psychometrists 4 (K-6) 1 (7-9) 1 (10-12)	6 Visiting Teachers	
ELGIN, ILL. K-12.....11,736 K-6.....7,340 7-9.....2,434 10-12.....1,962			1 Director of Guidance (ab) 6 Guidance Counselors PT (ab)	1 Director, Nursing Service 6 School Nurses	1 Supervisor of Books Work 6 Social Workers	1 Supervisor of Books Work	

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ITHACA, N. Y. K-12.....7,478 K-6.....4,373 7-9.....1,624 10-12....1,452	Assistant Superintendent for Instruction	1 Supervisor, Attendance and Child Welfare	7 Guidance Counselors	1 School Physician 1 School Physician PT 6 Nurse Teachers 1 Vice Principal in Charge of Guidance (ab) 4 (K-6) 1 (7-9) 1 (10-12)	1 Director of Tests and Measurements 1 Educational Psychologist 1 Director of Elementary Guidance
				1 Dental Advisor PT 1 Psychiatric Consultant PT 2 Dental Hygienists	
ROBBINSDALE, MINN. K-12.....14,710 K-6.....9,929 7-9.....2,778 10-12....2,006	Director of Academic Affairs		9½ Guidance Counselors 6½ (ab) 4 (jb)	8 School Nurses 8 (K-6) 2 (7-9) 1 (10-12)	4 Social Workers 3 (el) 1 (sec)
WARREN, OHIO K-12.....12,000 K-6.....7,389 7-9.....2,481 10-12....1,920	Director of Pupil Personnel Services	1 Supervisor, Attendance and Pupil Accounting	6 Guidance Counselors 3 (ab) 3 (jb)	1 School Physician PT 1 School Dentist PT 2 Dental Hygienists 4 School Nurses 3 (K-6) 2 (7-9)	3 Psychologists 1 Social Worker
WESTFIELD, N. J. K-12.....7,491 K-6.....4,379 7-9.....1,776 10-12....1,326	Director of Pupil Services		10 Guidance Counselors 4 (ab) 6 (jb)	6 School Nurses 3 (K-6) 1 (7-9) 1 (10-12)	3 Psychologists 1 Social Worker
WEST HARTFORD, CONN. K-12.....11,928 K-6.....6,976 7-9.....2,711 10-12....2,242	Director of Pupil Services		28 Guidance Counselors 13 (ab)	1 Dental Advisor PT 1 Psychiatric Consultant PT 1 School Physician PT 9 School Nurses 11 PT 15 (jb) 13 PT	4 Psychological Consultants 2 (sec, el) 2 (el)
					3 Dental Hygienists

PT. This symbol is also placed beside the titles of professional persons in the community, such as physicians, dentists, and psychiatrists, whose services to the school are reimbursed from school funds.

The table also shows pupil enrollment by grade organization for each school district, and identifies the person responsible for direction and coordination of the pupil personnel service program.

Attendance services.—Examination of the table shows that four of the eight school systems employed full-time attendance workers. In the five school systems of comparable size, that is 10,000 to 12,000 pupil enrollment, three had certified attendance workers on their staffs. There was also an attendance worker on the school staff in Ithaca, a system enrolling 7,478 pupils.

Guidance services.—All of the school systems employed either full- or part-time guidance counselors in their junior and senior high schools. Examination of the number of senior high school guidance counselors in the school systems shows that in those school districts where enrollment in grades 10-12 was approximately 2,000, the number of counselors varied considerably.

Health services.—Only one school system, Ithaca, had a full-time school physician. West Hartford and Abington purchased the services of a psychiatrist who worked with school specialists as a consultant. Three school districts—Abington, Warren, and Ithaca—employed the services of a dentist. These school districts also employed dental hygienists.

Although, generally, the larger school systems had more nurses than the smaller ones, there were wide variations among the school districts under study. The number of nurses in the larger districts, for example, ranged from 4 to 10; the two smaller districts had 5 and 6 respectively, and the largest school system, Robbinsdale, had 8 nurses.

Psychological services.—Two school psychologists were employed by each of three school systems of comparable size—Abington, Ann Arbor, and Warren. The West Hartford schools, in the same size category, employed four of these specialists. Westfield, with a considerably smaller school enrollment than these four school systems had two psychologists on its staff. Ithaca, the same size as Westfield, employed three psychologists and Robbinsdale had four psychologists, a number equal to that of West Hartford which had 8,000 fewer pupils enrolled.

Social work services.—Five of the eight school systems employed school social workers. Although Ann Arbor, Abington, and West Hartford had comparable pupil enrollments, Ann Arbor had five

visiting teachers on its staff and the latter two school systems had none. Elgin had seven social workers and Robbinsdale, considerably larger than Elgin, employed four of these specialists. Although Warren had considerably more pupils than Westfield, each employed one school social worker on its staff.

VARIATIONS IN TITLE

The difficulty of determining the nature and scope of the responsibilities of pupil personnel workers by their titles may be seen by inspection of the titles of the specialists which appear under each of the service areas in the table.

The specialists listed under the attendance service in Abington, Ithaca, and Warren, for example, are not only responsible for pupil accounting functions—daily attendance, original entries, withdrawals, pupil absences, and the like—they also serve as the attendance law enforcement agent for the school. In carrying out the latter responsibility, they assume some of the functions associated with school social work, such as conducting home visits and maintaining contacts with community agencies. The position of director of child accounting and home and school visitor in Abington was unique since that person was certified under State law to function in both those areas.

In Ann Arbor, on the other hand, the attendance officer and juvenile court representative has no pupil accounting responsibilities; his activities are confined to legal enforcement of attendance laws. He functions exclusively as investigating officer when the school attendance laws are violated and enforces these laws through court order as a representative of the school.

Specialists responsible for guidance and counseling services in the eight school systems are designated as guidance counselors. In Ann Arbor, however, the term "class advisor" is employed, and in West Hartford, the 24 classroom teachers who devote a portion of their time to this activity are called "teacher counselors."

The table reveals a variety of titles for specialists responsible for providing psychological services in the various school systems. In Ann Arbor, psychometrists are so designated by State law; in Ithaca, the director of elementary guidance holds a doctorate in clinical psychology and functions as a school psychologist who provides group guidance and individual testing services to children in the elementary grades.

In Ithaca, an educational psychologist and a director of tests and measurements are also qualified to administer individual

tests. The psychological consultants in West Hartford are certified under State law as either school psychologists or psychological examiners.

In four of the five school systems which employ school social workers, the pupil personnel specialists are so designated. In Ann Arbor, in accordance with the State visiting teacher program established in 1944, the term "visiting teacher" is employed in reference to personnel who have been certified under State law to conduct social casework in a school setting. One of the five visiting teachers in this school system is assigned to the senior high school and is given the title, "special consultant."

It may be noted that in her contacts with parents, the social worker in another school system preferred to call herself a "visiting teacher" since the connotation of this title facilitated communication with and promoted cooperation from the families with whom she worked. On the other hand, in still another school system the school social workers scrupulously avoided the title "visiting teacher" since they felt it was inaccurate and misled the public regarding their activities.

ADMINISTRATIVE ORGANIZATION

The organizational structure of the pupil personnel services in the eight school systems was characterized by considerable diversity. Administrative organization among the school systems ranged from a program staffed with a full-time director and assistant director of pupil personnel services to programs where senior staff specialists in a discipline reported directly either to the assistant superintendent for instruction or to the superintendent of schools.

In attempting to classify the administrative organization of pupil personnel services in the eight school systems, three patterns emerge: (1) specialists were directly responsible to and their activities supervised by a full-time director of the pupil personnel program; (2) designated personnel in each service area co-ordinated the professional work of their colleagues and reported to the assistant superintendent in charge of instruction who assumed responsibility for the program; and (3) some of the senior personnel in a service area coordinated and supervised the activities of their colleagues in one or more disciplines and reported directly to the superintendent of schools.

ORGANIZATION UNDER A DIRECTOR

In the school districts of Warren and West Hartford, the pupil personnel services are organized under a full-time director on the

administrative staff. These directors provide professional leadership to the specialists and are concerned with the development of policy. They direct, coordinate, and supervise the activities of the various specialists who are administratively and professionally responsible to them.

Warren, Ohio.—The director of pupil personnel services is a certified psychologist and is charged with maintaining a unified system of pupil personnel services. The following specialists are directly responsible to him: the supervisor of attendance and pupil accounting, school social worker, school psychologists, guidance counselors, school physician, school nurses, school dentist, and school dental hygienists. The speech and hearing therapists and the reading consultant, also members of the department, are responsible to the director. Each of these specialists prepares monthly and annual written reports of their activities for the director who compiles the information and submits it to the superintendent of schools.

West Hartford, Conn.—The present director of the department of pupil services is certified under State regulations as a school psychologist and a guidance counselor. She was appointed director of guidance in 1939 and, save for the school nurses, was the first pupil personnel worker hired in the system. As the concept of pupil services broadened in scope, especially after World War II, other pupil personnel workers were added to the school staff.

The director, who reports to the school superintendent, is responsible, according to her job analysis, for "the development of resources which will complement the instructional program in promoting optimum growth and development of all pupils." She supervises the work of the assistant director of pupil services; the psychological consultants; the secondary school counselors; reading, speech, and hearing consultants; and the resource teachers for the visually handicapped. The assistant director of pupil services works closely with the director in the establishment of department policies and procedures and also bears responsibility for supervising the districtwide testing program, coordinating the functions of the secondary school counselors, and serving as psychological consultant to the secondary school teaching and guidance staff.

The health and medical services in this school district are co-ordinated by the school medical advisor who provides professional supervision to the health staff. These services are separately organized and are not an organic part of the department of pupil services.

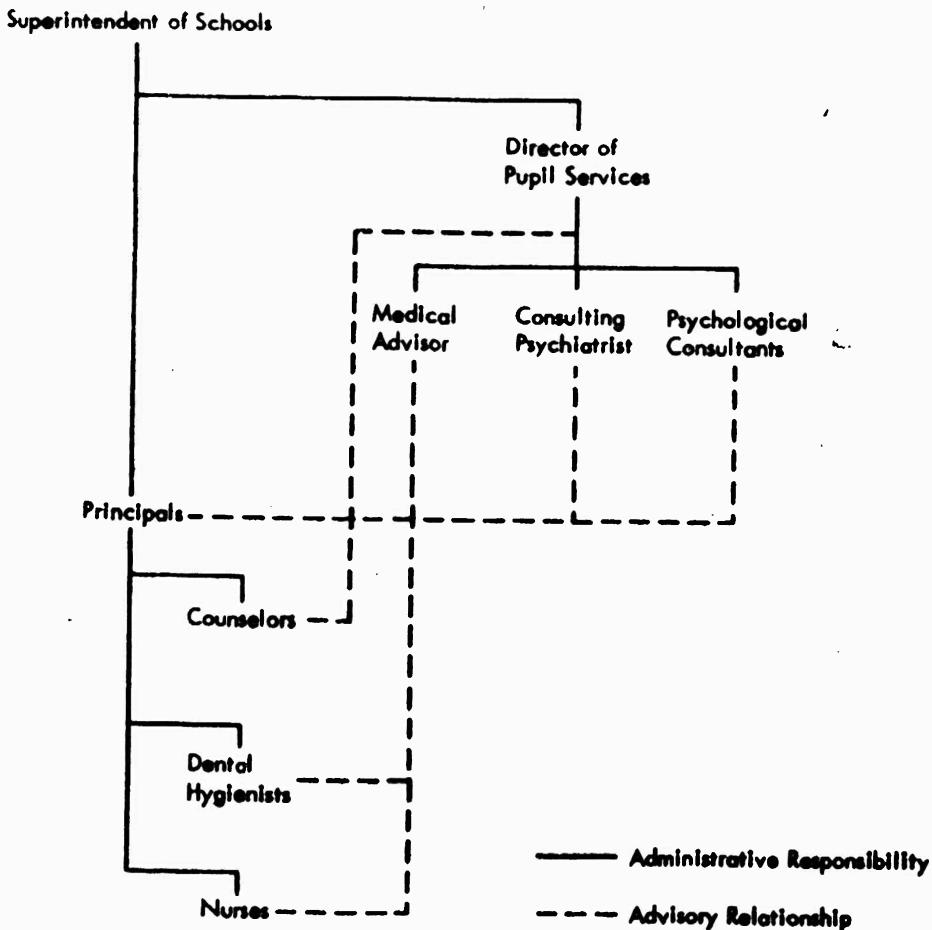
PUPIL PERSONNEL SERVICE PROGRAM

The director of the department provides professional supervision to the secondary school guidance counselors. The counselors, administratively responsible to the building principal, serve as liaison agents between the classroom teachers and the specialists in the department.

In both West Hartford and Warren, personnel who provide services to exceptional children, such as the physically handicapped and mentally retarded, were members of the department and reported to the director. Also, both directors of pupil personnel services provided the secondary school guidance counselors with professional supervision. Although health and medical services were included in the pupil personnel department in Warren, these services were organized as a separate unit in West Hartford.

The following chart depicts the administrative organization and personnel relationships existing in the department of pupil services in West Hartford.

**ADMINISTRATIVE ORGANIZATION OF PUPIL PERSONNEL SERVICES,
WEST HARTFORD, CONN.**



ORGANIZATION UNDER AN ASSISTANT SUPERINTENDENT

In three of the eight school systems under study, the pupil personnel workers are responsible to the assistant superintendent in charge of instruction.

Ithaca.—Staff personnel in instruction, pupil personnel, and special education report to the assistant superintendent in charge of instruction. The pupil personnel specialists function independently as members of their respective disciplines, and heads of these service areas report to the assistant superintendent. These persons include the vice-principal in charge of guidance who supervises the professional activities of three guidance counselors in the senior high school; a full-time school physician who coordinates and supervises the activities of a part-time school physician and six school nurses; a dentist in private practice who serves as school dental advisor and supervises the work of two dental hygienists; and the director of tests and measurements who works closely with the educational psychologist and the director of elementary guidance.

Robbinsdale.—The director of academic affairs, who functions as an assistant superintendent for instruction, is responsible to the superintendent of schools. He is also head of the division of special education which consists of psychologists, social workers, and personnel in special education—speech correctionists, teacher of the blind, teacher of the brain injured, teacher of the mentally retarded, and coordinator of home instruction. Both the coordinator of the school nurses and the coordinator of guidance counselors report to the director of academic affairs.

Ann Arbor.—The assistant superintendent in charge of instruction heads three separate divisions: instructional services, health and pupil personnel services, and special education services. Included in the pupil personnel service division are visiting teachers, psychometrists, school nurses, and the attendance officer. The psychiatric consultant, a staff member of the community mental health clinic, contributes his services to the school system. The special education division includes personnel who provide services for pupils who are mentally retarded, homebound, and handicapped orthopedically, as well as in speech, hearing, and vision.

Specialists in the health and pupil personnel services division maintain a service relationship to principals and building faculties, including the guidance counselors. They are also in a service relationship with personnel in special education.

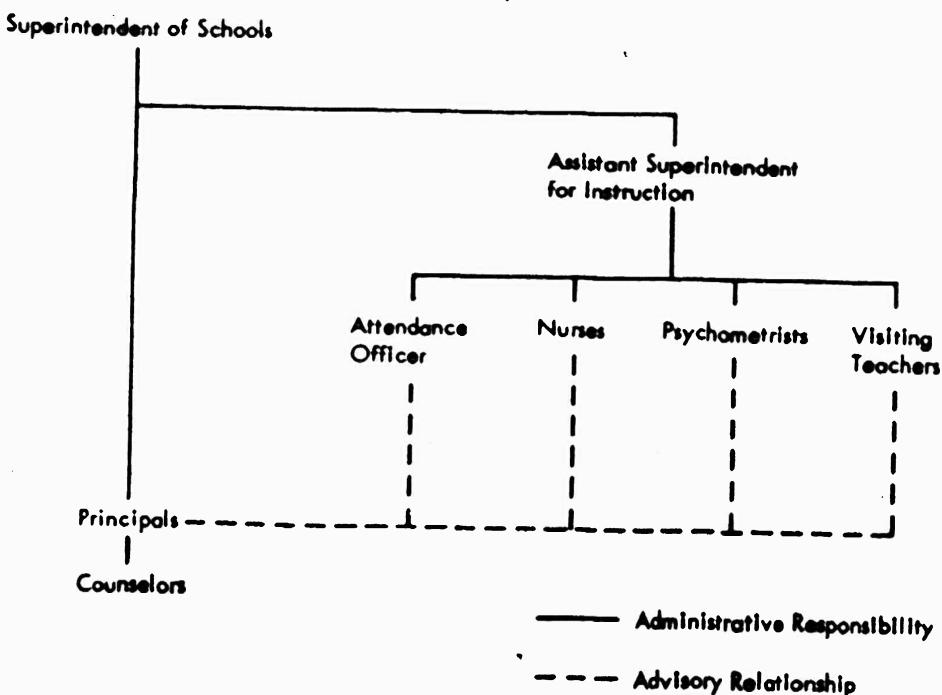
Neither in Ithaca nor Ann Arbor does the assistant superin-

PUPIL PERSONNEL SERVICE PROGRAM

tendent for instruction provide professional supervision to the guidance counselors, a relationship which existed between the directors and counselors in West Hartford and Warren. In Robbinsdale, such supervision was exercised by the director of academic affairs through the coordinator of the guidance counselors.

The organizational chart reproduced below shows the administrative and advisory relations existing among the pupil personnel workers in Ann Arbor:

**ADMINISTRATIVE ORGANIZATION OF PUPIL PERSONNEL SERVICES,
ANN ARBOR, MICH.**



OTHER ORGANIZATIONAL PATTERNS

In the remaining school systems varying patterns of administrative organization were evident. Some of the pupil personnel workers in these school systems supervised the activities of specialists in two or more disciplines. Typically, these supervisory personnel were administratively responsible to the school superintendent; other specialists were directly responsible to the school principal.

Westfield.—The head psychologist who is responsible to the superintendent of schools is supervisor of the department of special services which includes a psychologist, a social worker, two reading specialists, and a speech specialist. The health de-

partment is separately organized under a supervisor of nurses who coordinates the work of four school nurses. The services of a dentist and a physician in private practice are purchased by the school.

Elgin.—Seven speech correctionists and seven school social workers report to the director of child study, who is responsible to the superintendent of schools. One of the social workers provides professional leadership to the other specialists in this discipline. The activities of the director, the social workers, and the speech correctionists are circumscribed by State regulations, since the school district receives State funds for the partial reimbursement of the salaries of these staff specialists under the Illinois special education program. The health department, as in Westfield, is separately organized under a director of nursing services who supervises the activities of five school nurses and is directly responsible to the superintendent of schools.

The director of child study in this system is primarily concerned with discovering and providing remedial services to children who are physically, emotionally, or mentally handicapped. He works closely with area psychologists who are staff members of the State Department of Education. The chief activity of these psychologists is to administer individual tests to pupils who manifest emotional difficulties for the purpose of screening them for special classes.

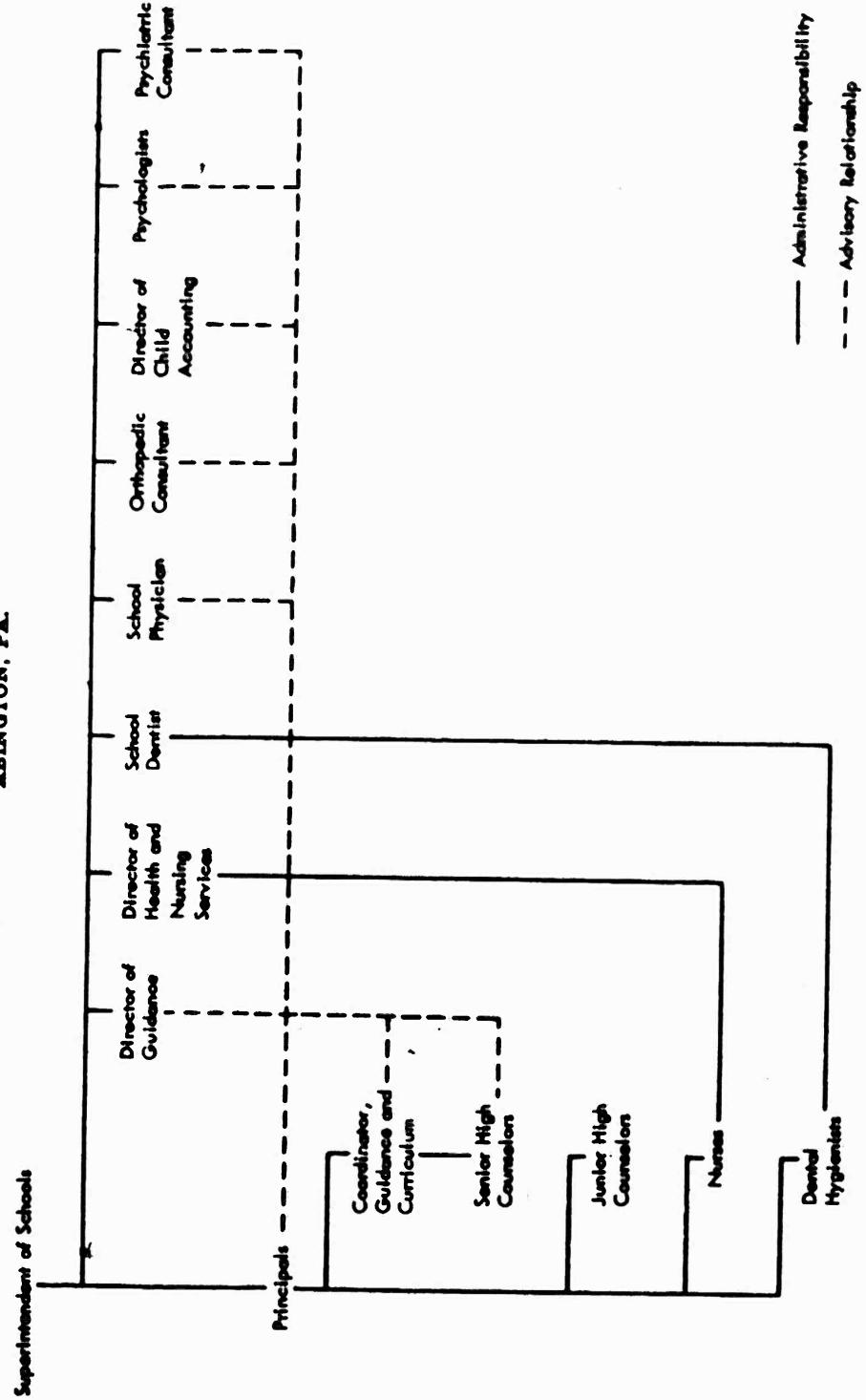
Abington.—Most of the pupil personnel workers report directly to the superintendent of schools. The responsibilities of the director of the nursing service are much broader than her title would indicate. The school nurses are administratively responsible to both her and the school principals. In addition, she coordinates the efforts of the school physician and the school dentist. The professional activities of the dental hygienists are supervised by the school dentist.

In accordance with the pattern found in all of the school systems under study, the counselors are administratively responsible to the building principals. The coordinator of guidance and curriculum in the senior high school is responsible to the high school principal and provides professional supervision to the guidance counselors.

The following organizational chart depicts the administrative organization of the pupil personnel service program in Abington:

PUPIL PERSONNEL SERVICE PROGRAM

**ADMINISTRATIVE ORGANIZATION OF PUPIL PERSONNEL SERVICES,
ABINGTON, PA.**



JOB ASSIGNMENT AND RESPONSIBILITIES

The assignment and job responsibilities of pupil personnel workers were determined by a number of variables existing in the school and community setting. These factors included, but were not limited to: (1) number and types of pupil personnel workers on the school staff; (2) professional training, experience, and special interests of the specialists; (3) school policy governing the pupil personnel program; (4) job requirements as determined by the superintendent of schools, the principals, the classroom teachers, and the community; and (5) nature of the school district—pupil enrollment, number and size of school buildings, size of the district, and so on.

ASSIGNMENT AND DUTIES

It was found that the functions performed by the specialists who participated in this study were so closely interrelated that they often assumed the related functions during the course of their work. Some overlapping of functions was evident in both small and large districts.

Typically, a single staff specialist in a discipline performed as many specialized functions as his time and qualifications permitted. When a second specialist was appointed, a division of functions developed and the basis for even greater specialization was established.

Methods of avoiding wasteful duplication of effort through formalized interprofessional cooperation, such as the case conference, will be elaborated upon in Chapter IV.

ATTENDANCE PERSONNEL

Typically, the responsibilities of a school attendance worker differ from those of other pupil personnel workers in that he does not provide direct services to pupils. Rather he serves as an adjunct to the pupil personnel staff by collecting evidence of nonattendance, irregular attendance, truancy, and tardiness; symptoms of physical, mental, or emotional problems which probably have their roots in the school or home, or both, and which require investigation by a pupil personnel specialist. However, in this study the responsibilities of three of the four attendance personnel who were housed in the central office were not limited to pupil accounting functions.

Warren.—The supervisor of attendance and pupil accounting maintains a continuous census file of all children of legal school age residing in the district, compiles enrollment statistics at the

beginning of the school year, and submits an annual statistical report to the State Department of Education at the close of the year. He administers the home instruction program for children who are physically incapable of attending school for more than 2 months and represents the school when cases involving pupils enrolled in the Warren school district are brought to juvenile court. He also issues work certificates and maintains a depository of all permanent records for students, including those who have moved out of town or have enrolled in parochial schools.

In addition, the supervisor works closely with other school specialists in diagnosing the problems of pupils referred by teachers. In the investigation of attendance irregularities, he serves a liaison role between the visiting teacher and school nurses; the classroom teacher and principal. As enforcement agent of school attendance laws, he frequently visits the homes of pupils.

The attendance officers in Abington and Ithaca assume similar responsibilities—that is, they are in charge of pupil accounting for the schools and also work cooperatively with other staff specialists in attempting to diagnose the problems of pupils whose difficulties seem to originate in adverse home and community conditions.

Abington.—The director of child accounting and home and school visitor is certified as a guidance counselor, school principal, and home and school visitor. He spends about 60 percent of his time discharging his responsibilities as home and school visitor and works cooperatively with school nurses in making home visitations. He prepares the statistical reports on school attendance and membership, supervises the annual school census, and enforces the provisions of the child-labor laws.

Ithaca.—The supervisor of attendance coordinates all pupil accounting records, including cases of truancy. The vice principals in the junior high schools and a full-time attendance teacher in the high school correlate attendance information and send it to the supervisor who makes home calls by telephone and in person when truancy is suspected. In addition to enforcing the school attendance law, he is also responsible for issuing work permits. Although the annual school census is in charge of the director of the evening school, the supervisor receives a copy of the report in order to keep track of the attendance of boys aged 16 and above.

Ann Arbor.—The attendance officer who serves as juvenile court representative assumes neither pupil accounting respon-

sibilities nor does he investigate causes of nonattendance. He is the agent for the school in working with community law enforcement officers and the courts. In this capacity, he relieves school specialists from the necessity of functioning in a legal or disciplinary role, permitting them to deal with pupils as counselors and advisors.

GUIDANCE PERSONNEL

The variety of duties and responsibilities assumed by guidance personnel may be seen by reviewing the duties and responsibilities of some of the persons who are heads of this service area in their respective school systems.

Abington.—The director of guidance and two school psychologists are members of the department of guidance and psychology. The director, who has done postmaster's work in guidance and personnel administration, is responsible for providing professional supervision to the secondary school guidance counselors and also accepts referrals from elementary school teachers of children who have learning problems and social and emotional difficulties. He administers individual tests and has assumed increasing responsibility for conducting local research in the area of guidance and counseling. Currently, he is developing a program for the scoring of group tests through use of machines. Approximately one-third of his time is spent working directly with teachers, principals, pupils, other specialists, and parents.

Elgin.—The director of guidance, who maintains an office in the senior high school, provides professional supervision to six part-time guidance counselors. He spends 60 percent of his time administering the secondary school guidance program. About 20 percent of his time is spent administering the district-wide group testing program and the remainder conferring with teachers, principals, and parents, and carrying a modest caseload. The six guidance counselors are responsible for one-half of the students in a grade level. They are assigned to the same grade each year. In the four junior high schools, guidance and counseling is the responsibility of the homeroom teacher.

Ithaca.—The vice-principal in charge of guidance supervises the professional activities of four guidance counselors in the senior high school. He is also responsible for providing guidance and counseling services to some 300 students in the ninth grade. A third of his time is spent in planning, coordinating, and administering these services, and the remainder in face-to-face counseling on educational and vocational problems brought to him by pupils. Under his direction, a policy was developed whereby

each counselor attempts to conduct at least one "unhurried" personal interview with each of his counselees during the year.

West Hartford.—A full-time chief counselor in one of the high schools supervises the work of the guidance counselors on the staff, and also assumes responsibility for two-thirds of the senior class, totaling 187 students. He spends a great deal of his time reviewing the transcripts of all the seniors applying for college admission. At least once during a semester, he attempts to interview each student for whom he is responsible.

In the same system, a chief counselor in a high school is responsible for 220 senior students, a group for whom she has been responsible since they were 10th-graders. She spends 60 percent of her time in face-to-face counseling. Her remaining counseling time is spent discharging a variety of functions—corresponding with college officials, conferring with teachers and specialists about student problems, and arranging college visitations. She is also responsible for coordinating the 36 school assemblies held each year.

Westfield.—A chief counselor in the senior high school and three other full-time counselors are each responsible for a portion of students in grades 10, 11, and 12. The division of responsibility is made by alphabetical groupings of high school students, except those in grade 12. Thus, one counselor is responsible for all students whose last names begin with A through D, another counselor is assigned to pupils E through K, and so on.

The chief counselor in this system is responsible for nearly all the students in grade 12; he expedites their transcripts to colleges and sends information upon request to prospective employers. He also compiles annual statistics for the superintendent concerning assignments of graduating students, and maintains a follow-up system on these students. Approximately 75 percent of the time of this counselor is spent in face-to-face counseling.

In each of the two junior high schools in Westfield, a woman counselor is assigned to girls and a man counselor to boys. These counselors follow their students through their junior high school years.

Ann Arbor.—The basic guidance unit in the secondary schools is the homeroom. Three-fourths of the teaching staff bear the title of homeroom counselors and have responsibility for homerooms consisting of 25 students. These groupings of 25 students report daily to their homerooms and remain for a 20-minute period. This period is devoted primarily to group educational planning.

The class advisors in the secondary schools serve as educational advisors to a particular grade level. The duties of these advisors include checking of students' records to determine whether requirements for graduation have been met, reclassification, attendance followup; and conferring with classroom teachers and homeroom counselors about academic and adjustment problems.

The assistant principal in the Ann Arbor High School coordinates guidance and testing activities, conducts followups on tardy and truancy cases, and coordinates the counseling and guidance functions of the homeroom counselors and class advisors.

HEALTH SERVICES

Typically, school nurses were assigned to particular grades and, like the guidance counselors, maintained offices in a school building. On the elementary level it was common for nurses to divide their time among two or more buildings.

West Hartford.—Two of the nine school nurses are each assigned to a senior high school. The nurse responsible for students in the smaller high school is also assigned to a nearby elementary school.

Four nurses are each assigned to one of the junior high schools plus one or more elementary schools in the immediate neighborhood. The remaining three nurses divide their responsibilities among the elementary schools not covered by the other nurses.

Each year, on a rotating basis, one of the nurses is designated as head nurse. She continues with her regular schedule but also serves as liaison between the nursing staff and the school medical advisor.

Ithaca.—The nurse-teacher in the high school remains in that building, and the remaining five nurses divide their time among the several schools.

Elgin.—The six school nurses rotate among the schools on a regularly scheduled basis. The director of nursing service has a junior high school and an elementary school; she spends 2 days of the week servicing these schools. Her remaining time is spent in planning and supervising the activities of other nurses. Four nurses are responsible for one junior high school, and four or five elementary feeder schools. This administrative arrangement makes it possible for each nurse to follow the children of a family from kindergarten through junior high school and to become intimate with their health problems and those of their siblings. The remaining nurse is assigned to the high school.

Ann Arbor.—Two nurses each service a junior high school and some elementary schools; another nurse is assigned to the high

school and an elementary school, and half days are spent rotating among the elementary schools by the remaining nurse.

PSYCHOLOGICAL PERSONNEL

Job assignments and functions for which school psychologists were responsible varied in accordance with their number on the staff, their training, and the nature and extent of the group and individual testing program of the school district.

Ithaca.—The educational psychologist is assigned to 10 of the 15 elementary schools in which are housed some 55 percent of the elementary school enrollment. He makes regular visits to some of the schools and in the others responds to referrals made by the school principal. He is responsible for testing and, in accordance with State regulations, reevaluating pupils in classes for the mentally retarded. In addition, he accepts referrals from secondary school counselors regarding students with emotional or social problems, which the counselors consider themselves unequipped to handle.

In this school system, the director of elementary guidance, a certified clinical psychologist, is assigned to the remaining elementary schools and visits them periodically. She administers individual tests and directs group guidance sessions for children in need of emotional and social adjustment. She does not work with children in special classes for the mentally retarded unless they are also emotionally disturbed.

The director of tests and measurements is responsible for the administration and coordination of the districtwide testing program. She also handles requests from secondary schools in the diagnosis of learning problems.

Ann Arbor.—The two psychometrists are certified as diagnosticians under the State special education program. They spend one-half of their time discharging responsibilities under the State program and their remaining time diagnosing learning difficulties under conditions governed by local needs.

The psychometrists are assigned to pupils in kindergarten through grade 12. They do not visit schools on a scheduled basis; visits are made in response to referrals from principals.

Robbinsdale.—The psychologist assigned to the secondary schools in Robbinsdale spends up to 75 percent of his time in face-to-face counseling sessions with pupils in need of social or emotional adjustment. He does a great deal of consultative and supportive work with teachers regarding pupil placement. In addition, he registers students for special classes, including those

in vocational rehabilitation and supervises the instructional program for the gifted. This psychologist has had advanced professional training and experience in the field of child psychology and is a certified clinical psychologist.

Warren.—The school psychologists spend about one-third of their time administering and scoring group tests for grades 1 through 6. The group tests for the remaining grades are machine scored. These specialists are not assigned to specific grade levels or school buildings; they accept referrals from principals which are screened by the director of pupil personnel service.

Elgin.—Under the Illinois special education program, psychologists employed by the division of special education of the State Department of Public Instruction service schools in designated regional areas. These specialists, certified as psychological examiners, are primarily concerned with determining pupil eligibility for special classes for the emotionally disturbed and mentally retarded. Those providing services to the Elgin schools are also assigned to other school systems covering an 8-county area.

Abington.—The secondary school psychologist spends one-half of her time administering and interpreting group tests for pupils in grades 7-12. She is responsible for preparing statistical data based on test results. About one-fourth of her time is spent administering individual tests. She is also responsible for screening pupils for special classes and handling arrangements for instruction of homebound students. She administers from 100 to 200 individual intelligence tests each year.

The school psychologist assigned to the elementary schools devotes 30 percent of her time to supervision of the special education classes. She administers as many as 300 individual tests each year. This figure does not include reevaluation of pupils in special classes, which is required every 2 years in accordance with State regulations.

West Hartford.—The assistant director of pupil services is responsible for two secondary schools and two elementary schools. Another psychological consultant is assigned to the remaining four secondary schools and two elementary schools; and two consultants are assigned to the remaining elementary schools. These consultants make regularly scheduled visits to the buildings to which they are assigned and also accept referrals sent to the department of pupil services.

SOCIAL WORK PERSONNEL

In the three school systems which employ two or more social workers, each specialist is assigned to specified grade levels; in

each of the two districts which have one specialist in this service area, that person is responsible for pupils in K-12.

Elgin.—The seven social workers are assigned to schools which they visit on a regularly scheduled basis. The supervisor of the school social work services is responsible for four schools, including the senior high school which he visits 2 days each week. He spends one and a half days each week in three grade schools. The remainder of his time is spent discharging administrative duties and providing professional supervision to the social work staff.

Ann Arbor.—Three of the four visiting teachers are assigned to from 6 to 9 of the 18 elementary school buildings. Depending on size and location, a visiting teacher may spend as little as one-half day each week in a building or as many as 3 days. Each visiting teacher is responsible for a group ranging from 2,000 to 2,700 pupils.

Robbinsdale.—Three social workers are assigned to the 12 elementary school buildings and one is responsible for the 8 secondary schools. They visit the schools on a regularly scheduled basis.

The *Warren* and *Westfield* school districts each has one social worker on its staff. These specialists are housed in a central office and accept referrals sent to them by principals of individual schools.

WRITTEN JOB ANALYSES

In some of the school systems written job analyses for all the pupil personnel workers were set forth in varying detail and reproduced in printed or mimeographed form; in others, job descriptions for some of the pupil personnel workers were available in written form, although they had not been reproduced for general distribution.

In *West Hartford*, *Warren*, *Abington*, and *Ithaca*, the duties and responsibilities of all the pupil personnel staff are contained in printed or mimeographed publications.

A mimeographed booklet in *West Hartford* entitled *Handbook for Department of Pupil Services* contains a foreword which states that the purpose of the booklet is to insure continuity in the pupil personnel program by bringing together in one place established policies and common practices which have crystallized over the years.

The duties of the director and assistant director of pupil services are elaborated, the former exercising "general supervision to

the personnel within the department of pupil services" and the latter promoting the "development and use of sound educational and psychological techniques, materials, and processes which will contribute to the knowledge and understanding of individual pupils."

The professional requirements for personnel in the department are also delineated, including personal qualities, special training, professional experience, and certification requirements. That section states, for example, that the director of pupil services must be eligible for certification as general supervisor of instruction; he must also be certified as either a psychological examiner, a school psychologist, or school social worker.

The booklet includes a statement on the function of the department, a chart showing the administrative organization of the program, a code of ethics, and a section which describes procedures for case conferences, maintenance of cumulative records, transfer of pupils to special classes, and the like. The appendix of the handbook contains samples of pupil record and referral forms.

In Warren, a booklet entitled *Rules and Regulations of the Board of Education of the Warren City School District* contains a list of the duties of administrative personnel, including all of the pupil personnel workers. The foreword to the booklet explains that the rules are in accord with the school laws of the State of Ohio.

In the booklet, the director of pupil personnel services is charged with providing a "unified system of pupil personnel services and followup" by coordinating and supervising the professional activities of all pupil personnel workers and special class teachers.

Abington has developed a similar document entitled *Administrative Handbook and Employees' Guide* which sets forth personnel policies of the school and identifies the duties and responsibilities of each employee. The booklet contains job descriptions for all pupil personnel workers.

The duties of the director of guidance, for example, are spelled out in the booklet in the following manner:

- ◆ Works with the school counselors, develops and administers a co-ordinated guidance program for the township schools.
- ◆ Assists principals and school counselors in organizing appropriate guidance programs for their respective schools.
- ◆ Enlists the cooperation and help of community agencies when their services will best meet the needs of students or assist in making the guidance program more effective.
- ◆ Schedules periodic meetings of school counselors.

In Abington, the director of nursing is given wide scope for discharging responsibilities connected with promotion of good health. The booklet states that the director:

- ◆ Plans, supervises, and gives leadership to a coordinated program of health services in the township schools.
- ◆ Organizes and completes all phases of the program for determining the children who will have the medical and dental examinations given by their family physician and dentist.
- ◆ Assists with the selection and evaluation of school nurses.
- ◆ Advises school nurses through visits to schools, in service, and regular staff conferences.

In Ithaca, a booklet entitled *Pupil Personnel Services* was prepared by a committee consisting of pupil personnel specialists on the school staff. Its purpose is "to provide persons who have frequent dealings with the schools, or with their pupils, with brief descriptions of the various types of personnel services available in the public schools of Ithaca and a ready reference to the particular staff members engaged in these services." The functions of specialists who work in each division are set forth.

In Westfield, job analyses for school psychologists and school social workers have been developed through conferences between the director of special services and the pupil personnel workers. The job analyses for each specialist are available in typewritten form. The school social worker is described as "a counselor and a consultant" to individual pupils, a staff worker who acts as "a liaison officer between the school, the home, and the community."

The scope of her responsibilities are set forth in the form of operational procedures, as follows:

1. *Home Visits*.—Interviews with parents in their home afford a more relaxed attitude on their part which in turn encourages them to freely discuss any information which they might have concerning their child's problem.

2. *Parental Conferences*.—Meetings with the parents of a child to explain and interpret his problem.

3. *Consultations with the School Medical Department*.—Not only is it necessary for the social worker to seek medical information from the school nurse and doctor but she should be on hand at all times to assist with any investigation of a family situation which they might need.

4. *State Agency Contacts*.—It is part of the duty of a school social worker to be familiar with State agencies and refer families who could use such services to them.

It is noted that when State funds are made available to school districts for partial support of certain pupil personnel workers,

those school personnel follow prescribed procedures respecting their functions.

In *Elgin*, for example, the school district is reimbursed by the State up to \$3,000 for each certified employee in the special education program. Thus, the director of child study, the social workers, and the speech correctionists in that system prepared periodic reports to the State regarding their activities, as did the psychometrists, and visiting teachers in *Ann Arbor*, and the psychologists and social workers in *Robbinsdale*.

In *Robbinsdale*, the director of special education requested each specialist to define his work area. At the time of the study, this process had not been completed.

There were in addition to the comprehensive job descriptions found in *West Hartford*, *Warren*, *Abington*, and *Ithaca*, a variety of mimeographed handbooks describing the nature, purpose, and function of personnel in particular service areas.

In *Ann Arbor*, a booklet entitled *Some Information Pertaining to Visiting Teacher Service on the Elementary Level* describes the purposes of the visiting teacher service in the State of Michigan and details the functions of visiting teachers in the *Ann Arbor* public schools.

A number of school systems had prepared manuals on school health policy and practices for distribution among the staff for purposes of orientation. In *Ithaca*, a manual for school nurse-teachers contains statements of policies and procedures in the system. One of the sections in the manual is entitled, "Areas of Responsibility for Health Service Personnel" and describes the relationships of the school nurse to school personnel and community agencies.

Westfield had developed a publication entitled *Handbook for the School Health Department* which attempts to summarize the most important policies and procedures relating to school health services. The major part of the booklet deals with the functions of the school nurse and details her areas of responsibility.

In *Warren*, a guidebook entitled *Health Services* sets forth health procedures to be followed by the school nurses. It is also designed to serve as a ready reference for teachers and parents in order to bring about a better understanding of the school health services. The duties of school nurses and procedures to be followed in carrying them out are discussed as well as their relationship to other school personnel.

The school health department in *Ann Arbor* has developed a handbook on all aspects of the health service, including pupil

health records and reports, staff meetings, relationships with other school personnel and community agencies.

Elgin has issued a *School Health Policies* booklet for teachers for orientation purposes which covers physical examination upon entry, kindergarten, fifth and ninth grade; maintenance of individual pupil health records; health teaching; and general instructions regarding daily inspection of children for illness, administration of screening tests, and so on. A manual entitled *Medical Standing Orders and Procedures for Elgin Public Schools* was also prepared and includes procedures to be followed in the schools in case of accident, illness, and the like.

SPECIALIST-PUPIL RATIOS AND CASELOADS

The list of pupil personnel workers along with school enrollment by grade organization which appears in the table on page 14 does not offer meaningful clues regarding either specialist-pupil ratios or caseloads. Indeed, it is extremely difficult to make meaningful comparisons among the specialists regarding these relationships since, as the previous section has shown, the duties and responsibilities of the specialists varied among the school systems under study.

SPECIALIST-PUPIL RATIOS

It was found that although the number of specialists and pupils is known in a given school system, it is extremely difficult to determine specialist-pupil ratios. Some of the factors which hinder such a comparison are discussed in the section which follows.

Special Education.—One of the reasons that specialist-pupil ratios are difficult to assess is that some specialists spend a portion of their time and efforts in the identification, placement, and evaluation of those students requiring special education programs provided outside of the regular instructional program. It was found that school psychologists and, to a lesser degree, school social workers, regularly spend a portion of their time providing services to exceptional children.

State regulations in Westfield, for example, require a certified psychologist to examine students before they may be admitted to special classes. School psychologists in Warren, Ann Arbor, Ithaca, Abington, and West Hartford also assume this responsibility. In Elgin, the area psychologists, who are staff members of the State department of education, serve the schools in this capacity.

One of the psychologists in Abington devotes approximately 30 percent of her time to testing children for the purpose of screening them for special classes. In Ann Arbor, the psychometrists are specifically charged with carrying out this function in accordance with State law under a reimbursable program. The State, however, has permitted the Ann Arbor school officials to use 50 percent of the time of each of the two psychometrists for providing service to individual students exclusive of the special education program.

State legislation providing for school social work programs stems from concern about the responsibility of the schools for the healthy development of children. Broad legal responsibility is established by law in some States, and participating school systems are reimbursed a portion of the costs of the program. The States of Illinois and Michigan, for example, provide support for special education with biennial appropriations to implement the provisions of the program.

In both Elgin and Ann Arbor there is special emphasis placed on identifying, diagnosing, and providing treatment for emotionally and socially maladjusted children whose problems are rooted in adverse home conditions or poor community environment. These school systems participate in State programs and are reimbursed a portion of the costs of maintaining school social workers on their staffs.

Administrative duties.—Neither the director of guidance in Elgin nor the coordinator of curriculum and guidance in Abington, carry a pupil load. They are responsible for providing professional supervision to personnel in their departments and co-ordinating their efforts. In Abington, the director of nursing services spends 1 to 3 days each week providing direct service to the senior high school students. Her remaining time is spent coordinating the efforts of medical and health personnel for the school district.

The assistant director of pupil services in West Hartford spends one-fourth of her time administering and coordinating the town-wide testing program, one-fourth supervising the secondary school guidance program, and half her time giving direct service to students in her capacity as psychological consultant.

In Westfield the senior psychologist who serves as director of special services spends 15 percent of his time discharging administrative responsibilities.

Part-time specialists.—The attendance officer in Ann Arbor teaches classes in the high school for a 2-hour period of a 7-period

day. In this school system all of the guidance counselors teach at least one class.

In West Hartford the number of class periods devoted to counseling varies among the 24 part-time guidance counselors. The average number of periods set aside for counseling students is four in a 7-period day. One of the periods is for planning and, on the average, two periods are spent in teaching. The ratio of counselors to pupils ranges from 1:238 in one of the high schools to 1:413 in one of the junior high schools.

Overlapping of services.—Another factor that hinders an accurate assessment of specialist-pupil ratios is that, for purposes of classification in this study, each specialist was listed under one of the five disciplines. Yet, guidance counselors in one school system spend a portion of their time administering individual tests. School psychologists in two of the school systems engaged in social case work; in another, a school social worker spent part of her time checking on suspected truants.

If the functions performed by some of the specialists were prorated among the five service areas, part of the time of the attendance workers in Abington, Ithaca, and Warren would be listed under "social work services." And, in the year in which the study was conducted, one-fourth of the time of a school social worker would be placed under "attendance services."

Limitations on referrals.—Still another difficulty which hampers attempts to compare specialist-pupil ratios in the school systems under study is that in some districts, a high value is placed on intensive, individual, long-term diagnosis; in another, pupil personnel workers are encouraged to accept as many referrals as they can manage. Such operational procedures reflect the point of view of the superintendent of schools, or that of the director of the pupil services, or the specialist himself.

In one school system, for example, a director of pupil personnel services said:

I have attempted to limit the number of cases seen by the visiting teacher and to emphasize the thoroughness of child study by the school psychologists. Staff conferences on some of the cases and regular followups are designed to insure the type of thoroughness that I am seeking.

Since school nurses and guidance counselors, unlike psychologists and social workers, are engaged in regular, routine contacts with nearly all pupils for whom they are responsible, it might be useful to examine selected specialist-pupil ratios for these specialists.

Elgin.—The six school nurses are assigned to a group of schools

in a particular geographical area in order that the same nurse may be responsible for all the children in the same family in grades K-9. The director of nursing service in this system is responsible for 825 pupils in K-9. One of the six nurses is assigned to schools located in a rapidly growing suburban area. Her student load—1,741 pupils in K-6—is relatively light in comparison with that of her colleagues due to the heavy record-keeping duties she must assume as the result of the rapid growth and high turnover of the pupil population for which she is responsible. Nurse-pupil ratios for the remaining nurses in Elgin were relatively uniform, ranging from 1:1,962 for the nurse responsible for grades 10-12, to 1:2,263 for one of the nurses serving grades K-9.

Abington.—Four nurses are assigned to K-6 with a nurse-pupil ratio ranging from 1:870 to 1:1,271: the nurse with the lowest pupil load also serves a day-care training center. In addition, two nurses are assigned to K-9, the nurse-pupil ratio for each is, respectively, 1:1,167 and 1:921; the nurse serving grades 7-9 has 1,081 pupils. The director of the nursing service spends 1 to 3 days each week serving grades 10-12, which has an enrollment of some 2,000 students; she is aided by two nurses, one of whom is also responsible for more than 200 children in K-6.

In this system, two nurses, each of whom have pupil loads of more than 800, service schools located in a relatively low socio-economic area where pupil needs are greater than in those schools served by two other K-6 nurses, who service over 1,000 pupils each. Travel distance, special assignments, and nurse preferences are factors which are taken into account by the director of school nursing in assigning nurses to schools.

Robbinsdale.—The five school nurses assigned to K-6 schools and the nurse who services the senior high school are each responsible for about 2,000 pupils. A nurse is assigned to each of the two junior high schools which have about 1,400 pupils in each building.

Westfield.—The three K-6 nurses each served 2 to 4 schools with pupil load ranging from 1:1,000 to 1:1,724 children. One nurse served two junior high schools which had a total enrollment of 1,776 students, and the supervisor of nurses in this system had responsibility for grades 10-12, which had an enrollment of 1,336 students.

Ithaca.—Four nurses were responsible for schools enrolling grades K-6, another services grades 7-9, and a sixth is assigned to grades 9-12. These six nurses have a pupil load ranging from

960 for one of the K-6 nurses to 1,700 for the nurse responsible for grades 9-12.

Ann Arbor.—One nurse has responsibility for the senior high school with an enrollment of 2,000 students and also an elementary school with 512 pupils; another has nine elementary schools with a total of 2,677 students, and the remaining two nurses each has a junior high and five elementary schools totaling a little more than 3,000 students each.

In the following section, guidance counselor-pupil ratios will be examined.

Ithaca.—A full-time counselor serves each of the upper four grades, with the pupil load ranging from 296 students for the 9th-grade counselor, who is the vice-principal in charge of guidance, to 440 for the 12th-grade counselor. Two full-time counselors service grades 7, 8, and 9 in the junior high school.

Ann Arbor.—In the high school two advisers are assigned to each grade, the average pupil load in the guidance service was 1:265 which includes in addition to the advisers, the contributions of the college consultant, vocational consultant, and visiting teacher assigned to the building; in the junior high schools, it was one counselor to 330 students.

Westfield.—The four senior high school guidance counselors are responsible for 1,336 students, representing an overall ratio of 1:342. In the two junior high schools, three counselors in one building were responsible for 860 students, a ratio of 1:287; and three counselors in another building had charge of 945 students, a counselor-pupil ratio of 1:315.

Robbinsdale.—In the three secondary schools, 9 counselors plus a teacher who devoted two-thirds of her time to counseling, were assigned to work with a combined enrollment of 4,781 students. In the high school a head counselor coordinated the work of her colleagues which included four counselors and the teacher-counselor. The head counselor also spends 1 day of the week in each of the junior high schools to coordinate guidance activities and effect articulation between the junior and senior high schools. Two counselors were assigned to each of the two junior high school buildings.

West Hartford.—There were varying patterns of counselor-pupil ratios in this school district. In one of the two high schools, with an enrollment of 1,435 students, there is a full-time counselor and seven teacher counselors, one of whom spends 40 percent of his time in a counseling capacity; the remaining six counselors devote 57-70 percent of their time to this activity. The other

senior high school which has an enrollment of 807 students is served by one full-time counselor and four teacher counselors who devote 4/7 of their day, or 57 percent of their time, to counseling activities. In the four junior high schools with an enrollment ranging from 590 to 786, there are three to four counselors in each building, one of whom serves as head counselor. The counseling activities of these specialists range from 34 to 85 percent of their total time. Two full-time counselors are assigned to each of the junior high school buildings with the largest enrollments.

In this school district, the 28 counselors, 4 of whom have no teaching duties, are responsible for 4,953 secondary school students. The full-time equivalency of these counselors is 15.5; the districtwide ratio of counselors to pupils is 1:320.

CASELOADS

When asked to determine their caseloads, the school psychologists and school social workers had some difficulty in arriving at a definitive number. The reasons given for this difficulty by the specialists points up some of the problems associated with determining comparable caseloads of specialists in a discipline among school systems.

A school social worker assigned to the secondary schools said:

I do much more collaborative work with [guidance] counselors, psychologists, and nurses than do the social workers responsible for the elementary grades. Actually I rarely assume full responsibility for a particular pupil problem, but I am active in hundreds of cases where I am an adjunct to the teacher, or some other specialist.

In another school system, a social worker serving the elementary grades stated:

I see between 15 and 20 children on a regular basis each month. Some problems can be solved in two or three contacts and then terminated; others require only one interview.

In still another school district, a social worker who has responsibility for pupils in K-12 said the following about her caseload:

I see about 40 families on a regular basis in a supportive role. During a given year, I have seen or counseled with approximately 200 to 225 children who had varying degrees of disturbance. My contacts include work with youth gangs involving group therapy.

A school social worker in another school district who also has responsibility for pupils in K-12 described her caseload as follows:

I carry over 200 cases. Last year I made 278 contacts. To be sure, I did not see each of these pupils on a regularly scheduled basis. Some

of the serious ones, of course, I see every week. All I can do is hit the high points.

The responses by some of the school psychologists also reflected concern about the impossibility of providing adequate attention to all cases referred which gave rise to difficulty in determining the number of cases handled during the year.

One of the four psychologists in a school district said:

I do little direct, long-term counseling because of the great numbers of children to be served. Although there are many students who need to be referred to the county child study clinic, they have a 10- to 12-month waiting list. So we do what we can—what we feel must be done—here at the school. Under those conditions we do not function as we perceive our role as school psychologists.

This psychologist further stated that she has contact with between 200 to 300 children each year. She stated that some pupils are seen only once, others as many as 15 times. Each of the psychologists in this system was working with six or seven pupils on an intensive basis.

CHAPTER IV

Administration of Pupil Personnel Services

THE CHIEF SCHOOL EXECUTIVE is responsible for the sound administration of the pupil personnel service program in his school system. Through his efforts, the work of the specialists is facilitated by effective coordination of their activities within the school system as well as by cooperative relationships between them and appropriate professional personnel in the community.

In the school systems under study, what provisions were made for the identification of pupils in need of specialized services? Who initiated the referral, and at what administrative level were the referrals screened? What types of referral forms were used and how were pupil records maintained? How did the specialists maintain lines of communication with each other in order to avoid wasteful duplication of effort and overlapping of services? How were the resources of the community agencies and institutions utilized? These and related problems will be explored in this chapter.

ADMINISTRATIVE RESPONSIBILITIES AND PRACTICES

Typically, pupil personnel workers do not begin on their own initiative to work with pupils in need of their services. The referral process is an important and necessary part of the administration of pupil personnel services. Without this initial step, which is simply the means by which the specialists in the various disciplines are notified about a pupil in need of specialized attention, services could not be effectively provided when and where they are needed.

INITIATION OF REFERRALS

The classroom teacher is the key agent in the instructional process. It is she who maintains regular and sustained relations with the pupils for whom she is responsible. In this capacity she

is in the most advantageous position in the school system to identify pupils who are not realizing their opportunities for maximum growth in the educational setting.

In the school systems under study the classroom teacher was the chief source of initial referrals. When in her judgment a pupil needed the kind of help she could not provide, she brought the problem to the attention of a pupil personnel worker through the channels provided by the organizational structure in her school.

Secondary school guidance counselors and school nurses are engaged in regular, routine contacts with a large number of pupils. In some school systems, as pointed out earlier in this study, guidance counselors responsible for a particular grade level, conducted at least one "unhurried" interview each year with individual pupils. School nurses under State regulations participated in and supervised annual health examinations of pupils in specified grades. Some of the pupils in need of special attention were identified through such contacts. Also, by carefully examining group test scores, some school psychologists discovered pupils who deviated markedly from the normal and who required individual attention.

Typically, when a referral was made by a parent directly to the school specialist, he held a conference with the principal and the teacher of the pupil before proceeding to diagnose the problem. Also, numerous contacts were initiated, both by professional persons in private practice and staff members of community agencies, to school specialists for the purpose of soliciting further information about a pupil under treatment. Often, arrangements for cooperative responsibility for the pupil were decided upon between school specialists and professional personnel in the community.

As previously stated, the bulk of initial referrals come from the classroom teacher. How does she bring a problem to the attention of specialists on the school staff who are in a position to make an evaluation and provide remedial services to the individual pupil in need of them? The procedures used by the various school systems for screening referrals, assigning staff specialists when a case is activated, promoting staff collaboration on cases, and making referrals to community agencies, were dependent, for the most part, on the nature of the administrative organization of the pupil personnel services as outlined in chapter III.

Typically, the referral made by the classroom teacher in the elementary schools was screened, or cleared, by the school prin-

cipal. The principal, in consultation with the teacher, determined whether a problem referred by the teacher could be handled at the school level, or whether a referral should be made to a pupil personnel worker.

In those school systems where a specialist visited designated schools on a regularly scheduled basis, preliminary conferences were held between the specialist and the principal to determine whether the problem referred by the teacher required intensive investigation and direct service to the child or whether the case called for consultation and supportive work with the teacher. Informal procedures of referral prevailed compared with school systems in which the specialist's base of operations was the central office. In the latter type of organizational structure, referral forms were employed.

In the secondary schools, the guidance counselors typically served a liaison role between teachers and the other pupil personnel workers. In the elementary schools, on the other hand, the building principal worked closely and actively with the pupil personnel workers, serving as liaison agent between them and the teacher.

SCREENING OF REFERRALS

In the three types of pupil personnel organizational structures described in chapter III, referrals originated at the building level in a similar manner, but the organizational framework determined the nature of the screening process after the classroom teacher identified a pupil in need of specialized help. The screening of referrals directed to school social workers and school psychologists will be discussed in the section which follows since those specialists are typically housed in a central office, whereas the guidance counselors and school nurses maintain offices in school buildings, have relatively close and continuing contacts with teachers, and accept referrals from them on a rather informal basis.

Organization under a Director.—Referral forms in both Warren and West Hartford are forwarded from the individual schools to the department of pupil personnel services. The referrals are screened by a secretary and routed in accordance with established policy in those school systems. In Warren, the department secretary, upon receipt of the referral form, checks the central file to determine whether a specialist has previously worked with the pupil. If such a record exists, the file number is retained and the records are attached to the referral form and routed to the director who makes assignments to psychologists and the social

worker. Those personnel, as noted in chapter III, are not assigned to particular school buildings.

In West Hartford, the department secretary routinely forwards the referral sheet to the psychological consultant assigned to the school building from which the referral originated.

In both school systems, the teachers refer pupils with learning difficulties and emotional or social maladjustment to the secondary school guidance counselors. The guidance counselor typically discusses the problem with the teacher; if specialized help is indicated, the form is sent to the principal. Cases cannot be activated unless his signature appears on the referral form.

Pupils who manifest difficulties which seem to call for disciplinary action, such as truancy, tardiness, and unexcused absences, are referred to the assistant principal.

At the elementary level in these school systems, the principals screen the referrals which are sent directly to him by classroom teachers. The referral procedure is described by an elementary school principal in West Hartford as follows:

When the teacher comes in to discuss a pupil difficulty, we talk it over and often bring in the parent, and we try to determine courses of action which might alleviate the difficulty. More than 50 percent of the time, we can take care of the problem here. When we feel that we cannot handle the matter ourselves, we make out a referral form for the attention of the psychological consultant indicating that we now want him to work with us.

Organization Under an Assistant Superintendent.—Designated specialists in the three school systems where pupil personnel services were organized under an assistant superintendent for instruction assumed responsibility for processing referrals at the secondary level.

The director of tests and measurements in *Ithaca* accepted referrals from the secondary school counselors and made assignments to the two psychologists on the staff, whereas in *Robbinsdale* the head guidance counselor discharged this responsibility. The head counselor served as the control agent for referrals and maintained a running record of cases screened by her which were assigned to the school psychologists and the social workers through cooperative procedures to be discussed.

In the remaining school district where this organizational pattern is maintained, a special effort is made to screen cases at the point of referral by designating the school principal at both elementary and secondary levels as the coordinator of the specialists after a case has been activated. In commenting on this

administrative procedure, the assistant superintendent in *Ann Arbor* said:

The school principal is responsible for the forward motion of cases. Typically he works with key members of the special staff in addition to others auxiliary to the case. The specialists are active agents under the coordination of the principal. The specialists and principal decide cooperatively when a point has been reached where a case may be closed.

When a principal receives a completed referral form from the teacher, he reviews the cumulative folder which is kept by the classroom teachers, and the health folder maintained by the school nurses. If there is no recent or comprehensive data on test scores, he sends a request for individual testing to a psychometrist. He also contacts the visiting teacher assigned to his building who proceeds to collect information on home background, parental attitudes, and the like.

In the senior high school, the principal works closely with the visiting teacher assigned to his building. This person, as described in chapter III, is called a special consultant, and is housed in an office in the high school building which is part of a suite of offices occupied by the guidance counselors.

Other Organizational Patterns.—In the three remaining school systems, specialists in various disciplines at the secondary level assumed responsibility for screening referrals and cooperatively determined assignment of cases in consultation with their colleagues in other disciplines.

The director of nursing services assumed this responsibility in *Abington*; in *Elgin*, the supervisor of social work services was the agent who carried out this function; and in *Westfield*, it was the senior psychologist.

In *Westfield*, the psychologists and the social worker are housed in a suite of offices and work in close and continuous association in screening referrals and accepting assignments.

As the table on page 14 shows, *Abington* does not have school social workers on its staff. When home visitations are deemed necessary to proper understanding of a pupil, this function is performed by either the home and school visitor, who also serves as director of child accounting, or the school nurses with whom this specialist works in close association. Needs of this nature are determined through case conferences.

In *Elgin* which had no staff psychologist, the supervisor of social work services works closely with the director of child study and together they determine whether or not a child should be

given some tests. Such requests were made to the area psychologist responsible for the Elgin schools.

It is seen, then, that where a school psychologist or a school social worker were not employed by a school system, the activity was performed by either an existing staff specialist or a professional person outside the school who provided such services. It is also seen that a pupil personnel worker who coordinated the efforts of specialists in at least two disciplines was the responsible agent for screening referrals beyond the building level. The referrals were made directly to that specialist, whether he was located in a central office, as in Elgin and Westfield, or maintained an office in the senior high school building, as in Abington.

REFERRAL AND RECORDKEEPING FORMS

In the school systems under study, referral and recordkeeping forms were used in order to systematize and facilitate the provision of specialized services to individual pupils. These forms varied considerably among the school systems in both format and use.

TYPES OF REFERRAL FORMS

Referral forms were not uniform among the eight school systems in either the type or extent of information requested. Some school systems used brief single sheet referral forms which required identifying information concerning the pupil, together with a brief statement of the problem as seen by the teacher. Other referral forms consisting of several pages requested detailed information on the pupil and the nature of his problem.

One of the simplest referral sheets employed in the school systems under study was an 8 by 5-inch form used in West Hartford. This form requires the referral agent to supply standard information about the pupil: name, age, home address, school, grade, and parent's name. A box in the upper right-hand corner of the form contains the following directions for appropriate check: "Attention of medical service, speech and hearing, guidance service, reading." About two-fifths of the space on this form is blank so that the referral agent may briefly describe the reason for the referral.

The form is completed in triplicate; one copy is kept by the principal and two are forwarded to the department of pupil services. Both the teacher and the principal must sign the form before a case is officially activated.

This referral form is also printed on different color paper for use by staff specialists to request aid from each other. The colored copy is used to insure prompt attention from a specialist in another discipline when such aid is needed.

When a referral is made to the department by a parent, local physician, or a staff member of a community agency, a referral form is completed and signed by the specialist to whom the referral was made. The name of the person or agency is indicated under the heading: "Person making referral." In such cases, the principal of the school in which the pupil is enrolled is informed of the referral by the specialist.

Robbinsdale also employs a brief referral form. The single page form is used by teachers to transmit information on a pupil to a specialist, and to request specialized help. This referral slip has space for the referral source to briefly describe the nature of the problem. It also requests rudimentary information about the pupil, and requires the principal's signature.

The referral form used in Warren is a single 8½ by 11-inch sheet entitled "Request for Child Study or Individual Psychological Examination." It contains directions for the teacher to state the problem in specific terms and reminds her that "urgency will be determined by completeness of request."

An example of a more detailed referral form is that used in Ithaca. It consists of a cover sheet with directions for use and a space for the signature of the principal, followed by five pages to be completed by the teacher. The requested information includes an account of home environment, physical condition of the pupil, school progress, and personal adjustment. In addition, the teacher is encouraged to list specific questions she would like answered in reference to the pupil referred. The form in this school system serves as a formal request of record, and is also used as an information sheet to facilitate the process of evaluation.

The reason given by school personnel for using simplified referral forms is that a detailed analysis of a pupil's problem by a teacher may unduly influence the evaluation to be made by the specialist. Also, a simple form encourages the teacher to ask for specialized help and places the burden for investigation of the source of the pupil's problem upon the specialist.

Other school personnel looked with favor on referral forms requiring considerable pupil data and information because it tended to discourage the teacher from making unnecessary referrals. In addition, it was argued, the existence of detailed forms compelled the teacher to reconsider the manner in which

she handled a pupil's problem and led her to employ other methods in the classroom which might remedy the difficulty. Also, by preparing a rather elaborate referral form the teacher was committed to followup the progress being made by the pupil in difficulty by maintaining continuous contacts with the specialist, or specialists, assigned to the case.

There seemed to be no relationship between type of referral form used and the administrative organization of the pupil personnel services. It is noted, however, that simplified forms were used in the two school systems in which pupil personnel services were organized under a director. In one of these systems, a more detailed referral form, in use at an earlier period, was abandoned.

MAINTENANCE OF PUPIL RECORDS

If effective pupil personnel services are to be provided individual pupils in need of specialized help, recorded information concerning such factors as educational achievement, attitudes, aptitudes, abilities, family relationships, his physical, mental, and emotional health, and other pertinent characteristics, must be available in cumulative form. In order to be of maximum usefulness, such records must be kept current and the data carefully interpreted by the pupil personnel specialist.

All of the school systems maintained individual cumulative folders on pupils, which usually included evaluations prepared by specialists. Typically, these reports were sent to the principal who shared it with those school personnel in the building who had an active interest in the pupil's problem.

Some provision was also made in all the school systems for maintenance of confidential information respecting a pupil which was not included in the evaluations. Such information was usually kept in recorded form under lock and key in the files of the specialist. It was given to the principal and, at the discretion of both specialist and principal, to the classroom teacher directly concerned with the progress of the case.

Individual health records were maintained and kept current by the school nurses. These records were made available to specialists upon request when they were engaged in diagnosing a pupil problem.

In those school systems where the pupil personnel specialists were housed in a suite of rooms in a central office building, a master pupil file was maintained by the specialists for ready reference.

Central files for individual pupils whose problems had been diagnosed and in whose behalf subsequent action had been taken were maintained in Warren, West Hartford, and Ann Arbor.

In Warren, the individual pupil folders are filed by case number which is retained by the pupil if his case is reopened. When the evaluation is typed in final form, a small card with essential identifying information is filed separately by case number for thumbnail reference purposes.

Both the psychologists and the social worker prepare evaluations in triplicate in this school district. The original is sent to the school, one copy is filed by the specialist, and a copy is held in the event a school staff member or an authorized professional worker outside the school, requests and needs the information. The copy sent to the school principal is stored in a vault in his outer office.

In other school systems the records of senior high school students are maintained in a vault located near the high school principal's office. Pupil personnel workers, teachers, and other authorized school personnel have access to the individual folders which are cumulative, usually beginning with primary grades.

Individual pupil records are maintained in this manner in the Robbinsdale senior high school. Each folder contains a face sheet on which contacts made with a pupil by a specialist are recorded.

In this school system, the specialists make a record of the nature and disposition of the pupil problem, and send it to the guidance counselor who includes the information on the face sheet. The counselor then sends a notice to the pupil's teacher informing her that new information has been placed in the pupil's folder which may be useful to her.

COOPERATIVE STAFF RELATIONS

Pupil personnel workers cannot provide effective services without the help of other specialists on the school staff. In a large number of cases, they share responsibility for assisting pupils. A clear understanding of the functions of each specialist by the others is essential, since all are working toward a common goal.

Although each of the pupil personnel workers has a unique contribution to make in adjusting the child in need of assistance, some activities may be common to all of the disciplines. It has been indicated earlier in this chapter that the functions of specialists in the various disciplines frequently duplicated activities

performed by another worker. Typically, reduction of wasteful duplication of effort was achieved through various types of organized cooperative efforts by specialists within a discipline and among specialists in two or more service areas.

The director of a pupil personnel program in one of the school systems said:

I don't think it's possible to prevent overlapping from taking place among these services. What is needed is to have these specialists work in teams and decide among themselves who should carry major responsibility in dealing with a case and what types of supplementary service other specialists can contribute.

A specialist with administrative responsibilities in another school system said:

We work together as a team. There is little fear here of stepping on someone else's toes. You do the job if you think you can do it or if you are closest to the problem. If you feel that another pupil personnel worker can do the job better, or is available, then you ask him.

In the school systems under study, there were two types of regularly scheduled meetings which were attended by several of the pupil personnel workers from the various disciplines: case conferences, for the purpose of pooling information, deciding on disposition of the problem which had been referred, assigning the case to a worker, and deciding on some cooperative approach in adjusting the pupil problem; and periodic meetings which were held to review policy and examine operational procedures. These meetings were designed to increase the volume of communication among pupil personnel workers in order to avoid or minimize wasteful duplication of services.

CASE CONFERENCES

Case conferences were held at all school levels during school time and, typically, were attended by two or more specialists, the school principal, frequently the teacher who was immediately involved; and in some systems, by an outside consultant, usually a psychiatrist.

These meetings were chaired by the director of pupil services in one system, a head guidance counselor in another, and a director of nursing services in still another school district. The senior member of the psychological staff chaired the meetings in one of the eight school districts, and in another, it was the supervisor of social work services.

The case conference may be held at specified times each week, as in Robbinsdale and Elgin; or as the need arises, as in Ann Arbor. Such conferences are held each month in Abington and twice each month in Warren.

Weekly 2-hour conferences in Robbinsdale are chaired by the head guidance counselor. These meetings are attended by principals, the psychologists, and social workers serving secondary schools, and the high school nurse. The head counselor stated that "The main purpose of these meetings is to save the time and energies of the staff by evaluating cases in terms of degree of need, and making assignments." These meetings were also used to give the psychologist and social worker an opportunity to report on the progress of a case assigned to them at an earlier meeting.

Case conferences were also held each week in this school system at the elementary level between the principal, the social worker, and psychologist assigned to the school. The specialists come to the meetings after having made an evaluation following a referral sent to them by the principal. During these meetings, proper disposition of the case is determined. Frequently, the specialists collaborate in providing remedial services, each contributing his special skills.

The weekly case conferences in Elgin are also held in the high school and are coordinated by the director of guidance. In addition to the guidance counselors, principal, and teacher, a psychiatrist from the mental health clinic in the community is in attendance, serving as a consultant to the staff.

A psychiatric consultant is also present at the case conferences held in Abington High School each month. The meetings, chaired by the director of nursing services, are attended by the guidance counselors, the coordinator of guidance and curriculum, a psychologist, and the teacher directly involved.

In the diagnosis of problems at these conferences, the school physician and school nurses provide medical data on somatic complaints that may be useful in diagnosis. School nurses, who are responsible for making visits to the home, contribute information on home environment and family conditions. Personnel in the guidance department contribute to the information pool by sharing data on counseling experiences and discussing levels of academic achievement and placement in grade, based on group tests. Psychologists contribute information on results of individual tests, and teachers offer observations on classroom behavior, academic performance, and the like.

A psychiatrist from the Children's Psychiatric Hospital in Ann Arbor provides consultative services to the visiting teachers on a regularly scheduled basis. Each visiting teacher has a 2-hour session with him biweekly.

In Elgin, the director of the child study clinic in the community attends the weekly conferences of the social work staff, serving as a consultant. In turn, whenever the weekly diagnostic meetings at the clinic involve an Elgin pupil, the school social workers are invited to participate in the conference.

REGULARLY SCHEDULED MEETINGS

Many types of regularly scheduled meetings were held among specialists in a particular discipline, and among those in two or more service areas. Also, group meetings with a broad representation of pupil personnel specialists were held, usually once a month.

Scheduled meetings of specialists within a discipline to discuss mutual problems were common. Biweekly meetings of school nurses in Elgin were organized and chaired by the director of the nursing service. In Westfield, each Tuesday morning prior to the beginning of the school day, the four senior high school guidance counselors meet with the two assistant principals for the purpose of coordinating their activities and reviewing current practices.

The junior high and senior high school class advisors in Ann Arbor meet each month to discuss mutual problems and to improve articulation between the schools in providing guidance services. These meetings are chaired by the assistant principal in charge of guidance at the senior high school. The visiting teachers in this school system meet regularly as a group once a month in order to discuss procedures regarding remedial services for children with severe emotional problems.

In this school system, the visiting teachers also confer regularly with the psychometrists who have an adjoining office, an example of another type of regularly scheduled meeting composed of specialists from two or more disciplines.

Other meetings of this nature include weekly staff meetings in Abington where the coordinator of curriculum and guidance in the senior high school serves as chairman. These meetings are attended by guidance counselors, the director of the nursing service, and the psychologist assigned to the high school. The purpose of these meetings is to review and appraise current services and determine ways in which they may be improved.

In Ann Arbor, Thursday afternoons are set aside in order that the psychometrists, visiting teachers, and nurses may share information, hold case conferences and meet with teachers.

The third type of regularly scheduled conferences include all,

or nearly all, of the pupil personnel workers on the school staff. Such meetings are held in Warren, with the director of pupil personnel services acting as chairman; in Ithaca under the vice-principal in charge of guidance; and in Westfield, where meetings are chaired by the senior psychologist.

In Ithaca, the pupil personnel committee meets monthly. Specialists from each discipline are represented on the committee. The purpose of these meetings is to share information on current activities taking place in each service area and to seek methods of improving the services.

OTHER COOPERATIVE EFFORTS

In addition to the case conferences and the regularly scheduled meetings, other types of cooperative efforts among the specialists were promoted to improve their competencies and give them new understanding of the part they play in providing individual assistance to pupils in need.

In Ithaca, the school physician meets with the school nurses each month for planning and for inservice education. The program often includes talks by local health specialists who emphasize the value of recognizing symptoms which may lead to serious illness or physical impairment.

In this system, the school superintendent requested the State Department of Education to approve a course to be taught by the director of elementary guidance for 2 credit hours which a teacher on the school staff could apply to recertification.

West Hartford also promoted inservice education through a locally administered course. The psychiatric consultant to the school district provides a 15-week course in child psychology for guidance personnel and new teachers. He discusses with them such subjects as school phobias, defense mechanisms, and withdrawal. Several weeks of the course are spent on the psychology of the growing child.

Ann Arbor sponsors a summer workshop for the high school guidance committee. Resource persons are invited from nearby universities and discuss various aspects of guidance and counseling.

In this school system, the psychometrists and social workers meet with the high school teachers twice each year to present a case study in detail respecting a pupil who had been previously referred and helped by staff specialists. The pupil difficulty may be withdrawal, aggressiveness, school phobia, or related emotional or social maladjustments.

The purpose of these meetings is to encourage teachers to become aware of the mental health problems of pupils; to help them understand the part she can play in preventive mental illness. The presentations are also designed to aid her in promoting the mental health of her pupils. In reference to these presentations, one of the visiting teachers commented: "There is always a burst of referrals from teachers following such meetings."

In Robbinsdale, as a service to teachers, the social workers identified seven classifications of student problems and distributed the list to teachers. These problems are listed under the following categories: academic, emotional, vocational, family, behavioral, attendance, and unclassifiable. In this list, a suggested classification for "emotional" problems includes such symptoms for the teacher to recognize and report as: overaggressive behavior, pupils having persistent conflict with authority or with other children; pupils who steal; and serious discipline problem.

It is made clear to the person initiating the referral that the classification code he puts down on the referral sheet does not necessarily reflect the type of problem which exists since information on the situation compiled by the social worker may alter the diagnosis.

In addition to the organized and systematic contacts described above, informal consultations between teacher and specialist were encouraged by school administrators. There were many cases, for example, where teachers met with a specialist during the noon hour to discuss a minor pupil problem or report progress of a pupil who had been previously referred.

USE OF COMMUNITY RESOURCES

Despite the rapid growth of the pupil personnel staff which has taken place in recent years, the school is not sufficient unto itself in providing specialized services to pupils in need. As pointed out in chapter II of this study, community agencies and other resources outside the school were widely used by the pupil personnel specialists in the school systems under study.

SCHOOL REFERRAL AGENT

In Ithaca and Abington where there were no social workers on the school staff, the guidance counselors served as the school referral agent. In West Hartford, this function was performed by the psychological consultants.

These specialists and the school social workers in the other school systems maintained continuing contacts with staff members of community agencies. Several of these pupil personnel workers served on the board of directors of these agencies, and, as indicated in chapter II, they also represented the school on community councils consisting of staff members from various community agencies.

In school systems which employed social workers, the responsibility of those specialists for maintaining contacts with community agencies was usually clear and unmistakable. In Warren, for example, an administrative staff bulletin entitled, "Policy Covering Referrals to Community Social Agencies" outlines responsibility for referral procedures.

The bulletin emphasizes the merits of the team approach in determining whether a referral to an outside agency is desirable and to whom it should be made. It stipulates that "the school social worker is designated the single channel for referral to the social agencies."

It should be noted that the school referral agent, in most cases, does not make referrals directly to the community agency. He typically contacts the parents of the pupil in need of specialized help in order to appraise them of the kind of assistance available in the community. The parents are then encouraged to make the initial contact with the agency. This contact is followed by a continuing working relationship between the school and community specialists which includes sharing pupil records, consultations, exchanging progress reports, and the like.

Another characteristic of the referral process from school to community resource is that referrals to community welfare agencies were typically made by specialists in one or more disciplines on a rather informal basis. Community resources which provided clothing, eyeglasses, or other essentials to indigent pupils were contacted by school nurses, guidance counselors, or attendance officers.

However, referrals to such agencies as child guidance clinics, hospitals, institutions of higher learning, and other resources where professional personnel provide highly specialized diagnosis and treatment were made by a school social worker or psychologist.

In West Hartford, for example, guidance counselors and nurses maintained contacts with welfare agencies, boys' clubs, church societies, the YMCA, and similar groups which could provide clothing, recreational opportunities, and related services. How-

ever, the psychological consultants served as liaison agents between personnel in community social agencies and school personnel. These pupil personnel workers assumed responsibility for interpreting changes in pupil behavior to the professional staff members in community agencies.

SCHOOL-COMMUNITY COOPERATION

Depending on the nature of a case, the school assumed major responsibility and a community resource supported its efforts; in other situations, these roles were reversed. Typically, staff members of community agencies did not close a case referred by the school until a thorough evaluation had been made in cooperation with school specialists. Confidential information was shared between school and community under carefully observed restrictions by both parties.

The reciprocal nature of school and community efforts in providing specialized services to pupils in need of them is seen in the following examples.

Guidance counselors and a psychiatrist at the county mental health clinic in Ithaca maintain close and continuing relations. The psychiatrist at the clinic spends a half day each month with the guidance counselors, serving as a consultant. During these conferences the more severe pupil problems which have been referred to the counselors are screened. Guidance counselors in turn visit the clinic periodically to confer with social workers on the progress taking place with students previously referred for diagnosis and treatment.

The clinic makes provision for pupil personnel workers to discuss specific student problems at length with the entire staff and also invites representatives from community agencies who may be able to contribute needed services which will facilitate the pupil's adjustment. Staff members of the clinic have prepared a list of symptoms for school personnel to help them identify a pupil who may be in need of special assistance.

In Elgin, the school social workers meet annually with staff members of the community mental health clinic for the purpose of reviewing policy and procedures. In addition, the school social workers attend the weekly diagnostic staff conferences at the clinic when an Elgin school child is the subject of the diagnosis. The executive director of the clinic frequently attends the weekly case conference of the school social workers, serving as a consultant to the staff.

CHAPTER V

Administrative Leadership and Pupil Personnel Services

IT IS THE responsibility of the chief school administrator to develop among the instructional staff a common concern for the individual pupil's physical well-being, his emotional stability, and his social attitudes since the efficiency with which a pupil uses his mental capabilities is dependent upon these and related conditions.

The tasks of the school administrator who is committed to individualizing instruction in the face of a broadening spectrum of pupil diversity both multiply and become more complex. Yet, probably nothing he does is of more critical importance than nurturing the growth and development of pupil personnel services.

Effective pupil personnel services programs do not develop by chance no matter how good the intentions of all concerned. Such services require careful planning, execution and evaluation else they will be of little more value to the pupils being served than a program of incidental activities. An effective program is an impossibility unless it is well-organized, and appropriately supervised and thoroughly evaluated. A program of this kind calls for nothing short of careful and thoughtful administration.¹

DETERMINING PUPIL NEEDS

Attempts to determine the adequacy of diagnostic and remedial services to pupils whose physical, emotional, or social difficulties interfere with their attendance, learning, or normal social development requires evaluation of existing pupil needs. The following selected descriptions of studies undertaken by local school systems to appraise the nature and extent of pupil needs which led to the establishment, growth, or modification of one or more pupil personnel services suggests the vital part assumed by school superintendents in the growth and development of these services.

¹ Raymond E. Hatch and Buford Steffler. *Administration of Guidance Services*. New York, Prentice-Hall, Inc., 1958. p. 122-123.

Ann Arbor.—The teaching staff under the direction of the assistant superintendent for instruction cooperated with the Special Education Department in the office of the county superintendent in conducting a survey of children who manifested physical, emotional, or mental maladjustment which hindered their learning or social relations. The assistant superintendent observed that the study, conducted in 1959, "grew out of a recurring sense of need to obtain a measure of the claims for specialized services in all areas in which handicapping factors among pupils exist."

In appraising individual students, classroom teachers were supplied with a questionnaire guide which classified atypical behavior into school factors (e.g., attendance, behavior, scholarship), physical factors (fatigue, hearing, neurological disorder), and home factors (broken home, cultural conflict, neglect). The guides were then reviewed by principals and visiting teachers who conferred with individual teachers. The survey findings which produced a definition of pupil needs over a wide range of urgency, totaled 10 percent of the student population.

As a result of the survey, the needs of pupils for specialized services were reviewed in terms of the existing services. This appraisal led to a proposal for providing improved coordination of the services through the addition of a supervisory specialist, and a reappraisal of the adequacy of the current number of specialists on the staff to meet pupil needs.

West Hartford.—In 1948, the Greater Hartford Community Council conducted a survey of the school health program in West Hartford. A physician from a nearby university was employed to survey the program. He submitted the following recommendations to improve and expand the school health program:

1. A planning group should be organized to study school health service and health education activities and to recommend desirable improvements, including maintenance of close coordination with the health department.
2. A broad, comprehensive high school health education program should be inaugurated.
3. Increased medical service should be provided so as to make possible better health examinations.
4. Increased nursing service should be obtained and also increased counseling service.

These recommendations were reviewed by the superintendent of schools who facilitated the establishment of a school health council consisting of school and community representatives. Following the organization of the council, the adoption of the re-

maining recommendations took place within a relatively brief period of time.

In the same system, a 3-year study on guidance and counseling services conducted by the school staff was completed in 1952. The findings indicated that the needs of senior high school students regarding knowledge of the occupational world, and understanding of their personal problems and social relationships were not being met.

This conclusion was based on the following studies:

1. A study of school drop-outs conducted in 1948-49 which indicated that early school-leavers had common omissions in their educational background.
2. A questionnaire sent to graduates of the class of 1947 after they had had a year of college or work experience suggested school experiences which the students themselves felt would have been helpful to them but which they did not receive.
3. A questionnaire completed by high school seniors in 1950-51 regarding the type of help these students received in planning to enter the world of work.
4. A survey of occupational choices of students who were in the ninth and tenth grades during 1951-52 which indicated that the degree of realism in student occupational choices was limited.
5. The Mooney Problems Check List which was administered to junior high school students which showed that there were common problems about which significant numbers of students were concerned and with which they needed help.

As a result of this study, more guidance personnel were added to the staff and their responsibilities were broadened to include personal-social counseling. The survey also indicated a need to build a group of related services that would contribute to the social and emotional adjustment of students. Subsequently, staff specialists qualified to provide psychological services to individual students were added to the staff.

Abington.—A survey conducted in 1958 by the Association on Accreditation of Secondary Schools indicated that deficiencies existed in the guidance and counseling program. The study showed a clear need for added guidance personnel and the reorganization of the duties and responsibilities carried by the secondary school guidance counselors. As a result of this appraisal, the superintendent of schools recommended to the board of education that a comprehensive evaluation of the guidance program be made the following year by a committee of school staff personnel.

With the help of an outside team of three consultants, the Director of Guidance and his staff planned a series of meetings

during which the purposes and scope of the evaluation project were developed and procedures agreed upon.

On the basis of the survey, guidance functions came under thorough examination. The duties of the guidance counselors were more carefully delineated and a new position, coordinator of curriculum and guidance, was created. In September of the same year, a person who had done graduate work in curriculum and student personnel administration and who had also served as a director of guidance in a school system, was appointed to this position.

GROWTH OF THE SERVICES

The director of pupil personnel services in one of the school systems placed the expected growth of the services in the following perspective:

Technically speaking, I think parents should be expected to take care of their own children. But many traditional responsibilities of the home are being transferred to other agencies as the home keeps backing away. The schools are taking over more and more functions. I think this trend is going to increase.

Looking into the years immediately ahead, the director predicted that, "We will have a full-time physician and it might even be necessary for him to do treatment and make out prescriptions for indigent pupils."

One superintendent said in regard to future growth of the services:

I would expect that we will continue to expand our services. I think the trend, generally speaking, is to expect the school to handle more and more of these problems. In many cases where parents might formerly have taken a troubled child to a psychologist, or to a psychiatrist, knowing now that the school provides such services, they will tend to go to school authorities. Even medical doctors now are referring cases to our specialists.

Another superintendent made the following observation with respect to growth of pupil personnel services:

I must weigh the merits of the expansion of services as against the desirability of other ways to spend the money. If added services stand up under scrutiny, then they are added to the program. Pupil personnel services have expanded during the past decade at a greater rate than pupil population growth. We are providing more services than we have in the past and this has been brought about by recognition on the part of the faculty and the community of the usefulness of the services.

In the school systems under study, the largest number of staff additions in the pupil personnel services was in the guidance and health services. The growth in the number of guidance coun-

selors and school nurses markedly increased from 1955 to 1960, compared with the previous 5-year period. Increases in the number of school psychologists and school social workers were also evident during that 5-year period, but were far below those which took place in the guidance and health services.

A brief review of staff additions in guidance and nursing services which took place during the decade, 1950 to 1960, follows.

In *Ann Arbor* there were three guidance counselors in 1950. This figure doubled within 5 years and increased to 12 in 1960. In this school system, the number of school nurses increased from 3 in 1955 to 4 in 1960.

There were no guidance counselors in *Abington* in 1950; there were 4 in 1955 and by 1960, the number had increased to 10, plus a part-time counselor. Five nurses were added to the nursing staff between 1950 and 1955, bringing the total to 9; an additional nurse had been added by 1960.

Whereas there were two guidance counselors in *Westfield* in 1955, by 1960 this figure had increased to 10. The number of nurses increased from 2 in 1955 to 5 in 1960.

The number of part-time guidance counselors in *West Hartford* more than doubled from 1950 to 1955, from 6 to 16. This figure increased to 24 in 1960, which does not include the 4 full-time workers in this discipline. The number of school nurses nearly doubled from 1950 to 1960, from 5 to 9.

In 1955 there was only one guidance counselor in *Robbinsdale*; in 1960 this number had increased to 9 $\frac{1}{2}$. In this system, the number of school nurses increased from 1 in 1950 to 4 in 1955 and by 1960 this figure had doubled.

In *Elgin* there were 4 school nurses and no guidance counselors in 1950. Ten years later there were 7 nurses and 7 guidance counselors.

Since expectations on the part of school administrators are for continued growth of the pupil personnel services, it might be useful to examine the source of growth for these services as identified by the school superintendent.

The following statement by one of the superintendents is in response to the question: Would you identify the school and community forces which provided the impetus for the establishment and growth of pupil personnel services?

I don't believe the demand for services in most of these cases stem from a concerted effort on the part of the community for them—they have grown from within, from professional leadership, from our own research. The services have been introduced and gently applied to the community. When the community recognized that the service was

useful and essential, they have generously supported its continuation and growth.

A superintendent of schools in still another district observed:

Very few of these [specialized] services have been added to the school program because of demand from the public. They developed through the recognition of need on the part of the professional staff. To be sure, we could not justify in the schools any activity or service which the community does not accept. Even the first nurse had her difficulties in making home calls.

This school superintendent stated that as the number of school nurses increased, they recognized a need for professional social work services resulting from their experiences in making home visits. They discovered that there were many causes other than ill health which led to, or seemed to aggravate, the emotional and social difficulties of pupils.

There was evidence that after pupil personnel services were established in the school, their growth was almost self-generating. The community soon grew to understand and support these services in the schools. As one superintendent put it: "As we developed the services, we developed a greater awareness of the need for them."

A school superintendent in observing that, in recent years, full-time guidance counselors have been added to the junior high school staff, commented:

This developed primarily because the principals in these schools and other supervisory officers became conscious of a need for that kind of service. It didn't come from a demand on the part of the community because the community, by and large, were not familiar with the service.

One of the school superintendents reported the following method of determining pupil personnel needs:

If we find, for instance, our school social worker reports to her department head that she has a backlog of cases which are piling up, or a principal reports the seriously disturbed cases they have reported are not getting action, then we look into the matter. Basically, we try to keep ahead of the community, if we can. This is certainly preferable to having the community pressure us into it. We depend on the staff and the principals to inform us of these needs.

The preceding discussion reflects administrative practices wherein the school superintendent exercises leadership to promote and strengthen programs designed to effect the adjustment and well-being of individual pupils. In these school systems, provision of equal educational opportunity was recognized by the chief school executive as his primary objective. An important means of meeting this commitment was to nourish the development and growth of pupil personnel service programs.

It is also evident from the above discussion that where this type of administrative leadership exists, community support for pupil personnel services is firm and dependable.

SOME OBSERVATIONS ON ORGANIZATION

Since the organizational structure of the pupil personnel service programs in the school systems under study was distinguished by a variety of patterns, it may be useful to reproduce some of the comments on organization made by the superintendents and administrative staff members.

In one of the school systems where all five of the pupil personnel services are organized under the supervision of a full-time director, the school superintendent made the following observation:

About 5 years ago [1955], all we had were an attendance officer and a school psychologist. I brought in an assistant superintendent for instruction who had had considerable training and experience in many of these pupil personnel areas. We explored the areas of need and proceeded to hire personnel. My concept was that the pupil personnel services should be separately headed and organized since they differentiated in purpose and operation from the educational phase of our program.

He further commented that his administrative experiences prior to assuming the superintendency convinced him that the operation of such a program without a central head resulted in scattered and ineffective services to pupils.

In a school system where coordinators of pupil personnel services were immediately responsible to the superintendent of schools, that person was acutely aware of the increasing burden of responsibility which he was assuming as the pupil personnel program continued to expand. In considering the future development of the administrative organization of the program, he said:

We have developed them [pupil personnel services] year by year, and as the system has grown, the problems of administering the services have multiplied. It is reaching the point where it is impossible to give each one of the services adequate supervision or advice. There is a need here for someone to give full time and undivided attention to these services.

In a school system where the pupil personnel services are organized under an assistant superintendent, that official appraised the organizational structure in terms similar to those of the school superintendent quoted above:

One of the essential needs in our administrative organization for these services is more time and effort to coordinate the [pupil personnel service] program. I have such a broad range of responsibilities that

I cannot give time, creative thought, and follow-through to the administration of the services. If we had a pupil personnel service director, he could promote more continuing evaluation of the functioning of our program, which is now lacking for lack of time and attention on my part.

In another system where the services are coordinated by an assistant superintendent, he observed that although responsible for supervising the pupil personnel workers and evaluating their activities, he does not perform this function because of the pressure of his other responsibilities. He identified lack of supervisory personnel for the pupil personnel services as one of the gaps in the program:

We need someone, whatever pattern we pursue, to actually supervise and evaluate the work of the pupil personnel staff. This job is not getting done now except on an informal basis. I assume this responsibility when I have the opportunity to do so.

Some of the school staff specialists had strong convictions that the head of a pupil personnel service program should be a specialist whose training and experience were in the behavioral sciences.

In this connection, a director of the pupil personnel program in one of the school systems said:

Certainly a psychologist would be the logical person to be a director of pupil personnel services. Since pupil personnel workers are concerned with diagnosing individual problems of children, the psychologist has the training and background to head such a service.

An assistant superintendent in charge of the pupil personnel program made the following observation: "Knowledge of human behavior is essential if the director of pupil personnel services is to properly discharge his responsibilities."

Support for this point of view was found in the following statement made by one of the school superintendents who also called attention to the growth of administrative responsibilities assumed by the director of the pupil services.

In selecting a director of the pupil personnel program, I felt that the background of a psychologist was important since he, in a sense, has some knowledge of all these areas. I did not feel at the time that administration of the program would require his full time. We felt that 40 percent of his time could be devoted to administrative duties; 60 percent working as a school psychologist. As the program has progressed, however, we find that administration is taking more of his time.

Although there was no consensus among the school superintendents regarding the most effective organizational pattern for administering pupil personnel services, there appeared to be a relationship between delegation of responsibility and awareness of the need for changing the structure. In those school systems

where the activities of the pupil personnel workers were co-ordinated and supervised by a full-time director of the program, superintendents were relatively satisfied with the current organizational framework.

However, in those school systems where responsibility for direction and coordination of the services was delegated to an assistant superintendent of schools, school officials acknowledged the need to modify the administrative organization. And where the purposes of the program were carried out by coordinators who reported directly to the superintendent of schools, the desire for changing the organizational structure was most pronounced.

Desired changes involved greater coordination and evaluation of the services and provision of professional supervision to the specialists through employment of coordinators of two or more disciplines or a full-time person who would be charged with administrative responsibility for the program.

The findings of this study tend to question the feasibility of devising a fixed formula for all school systems respecting the number and types of specialists and the administrative organization essential to an effective pupil personnel service program.

In planning the appropriate dimensions of local pupil personnel service programs, school administrators may first seek answers to a basic question: "In view of the current physical, emotional, and social needs of our pupil population and the kinds of community resources available to us in meeting these needs, what kind and how many pupil personnel workers should we employ?"

In addition, careful thought and consideration may be given to two related and equally important questions: "What guidelines should we develop in order that staff specialists may be provided with some direction regarding the kinds of services they are expected to perform?" and "On the basis of our particular needs and resources, what type of administrative organization will serve us best?"

The evidence in this study indicates that local school systems will arrive at different answers to these questions, and that these answers will need to be re-examined periodically in order that the pupil personnel service program may be continually adapted to the changing needs of the pupil population.